STATE OF MARYLAND

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STATE OF MARYLAND

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executed within 24 hours after deoth. Page

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

	1 -	FOR • STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH REG. NO.						3 8		
		CEASED NAME FIRST MELV	vin Kirby		len	March 5,		DAY YEAR 2b. HOUR			
	3 SE	× Male	4. RACE White	5. DATE (DF BIRTH 1.6, DAY 1.934 YEAR	6 AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
85	Je BI	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	RAITIMORE CITY OF COUNTY OF DEATH					
10		neverly	(IF NOT IN SUCH FACILITY, GIVE STREET	I. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) P.G. Extended Care Facilit			ON WORKING (IFE) Lard	12b. KIND OF BUSINESS OF INDUSTRY Private firm			
35	UsU. Un. S	AL RESIDENCE (IF NURS - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	41.4 Barbers	sville	Road			
26	14 FA	ATHER'S NAME Russell	Kirby Allen		15. MOTHER'S MAIDEN NA.		/ia	LAS	ST.		
2	16a V	NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 1.52 24		Nellie Alle	n same as al					
	ION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	ENCE OF							
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?		
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH D.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE		
I: ff bem 2.1 is more		22a-l certify that (I) (this hosp	pital) attended the deceased from_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the da	te and hour				
S S S S S S S S S S S S S S S S S S S		THE PHYSICIAN'S NAME (TYPE	P.Miles m.	٥.	22e. ADDRESS						
	23a. E	BURIAL, CREMATION, REMOVA SPECIEY) Burial	March 8,1982 F				ood, M	. –	STATE		
		UNERAL DIRECTOR	uneral Home, ADDRESSUR	el, M		AR 9 1982	25b. REGISTR	AR'S SIGNAT	URS Marken		

BP_____ DHMH - 16 60M 7/73 (VR A 15 (4)) to life and the second The state of the s to design to the property of the second facility

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
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76 BIR	THPLACE (STATE (OR FOREIGN 7		WHAT COUNTRY?	£	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	-
	Mary!	and	USA		WIDOWE		Prince Ge	orge's		MD.
	y or town of aurel	1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION 7:111e Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O OWNER—OPE	ON I	126 KIND OF BUS INDUSTRY Brocery	
USUA 13a S1		HOWAT	THER INSTITUTION	GIVE RESIDENCE REFORE 13t. CITY OR TOW Laurel	AOMISSION)	134. INSIDE CITY LIMITS?	9258 01d	Scaggsv	ille Roa	d
14. FA1	THER'S NAME FIRST Woodvi		Ashby	LAST		15. MOTHER'S MAIDEN NAME FIRST Marhta	Schoole	у	LAST	
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	no			21.7 32 9	31.5	Alice Ashby	same as abo	ve		
NO	cause (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							DITION GIVEN	IN PART 1(0)	
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	710. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	WHILE ON	T WHILE T	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE
		(1) (this hospital eased alive on e) (did (did not)		e deceosed from_ L ZO 19_ ofter death.	10	nd that in (my) (our) opinion (deoth occurred on the de	ote and hour an		(I) (we) lost es stated
1	226 SIGNATURE	rea M	nigh	in	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	3- 21	-82
	PAM!	NAME ITYPE OR	MUL	SALVE		321 PLI	CE 600	RGE	LAURE	M
23a BI	URIAL, CREMATIC		236. DATE			EMETERY OR CREMATORY	23d LOCATION		UNTY	STATE
	Bu	rial	March	23,1982	St.	Marys Cem	Laurel		Maryland	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours af with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

24 FUNERAL DIRECTOR Nambonaldson Funeral Home, LAurel, Md

Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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Funeral

BP_ DHMH - 17 (VR A15 ME (5)) 15M 7/76

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DEPART	MENT OF	HEALTH	AND ME	ENTALH	YGIENE 8
MEDICAL	EXAMIN	VER'S C	ERTIFIC	CATEO	F DEATH

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Home-4001 Benning Rd. N.E.

FIRST HARRY AUSTIN (TYPE OR PRINT) page 3 er death Harry 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3. SEX 4 RACE MONTH DAY 1928 Male Caucasian Mav **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. PRINCE GEORGE'S COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH Cashier Grocery (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL CLINTON USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS OUNTY Clinton 13d. INSIDE CITY LIMITS? GEO 9604 aryland Small YES X NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST Austin Ernest W. ie B. Nowlin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 228-22-6660 No Same 18 CAUSE OF DEATH (Enter only one cause per line for 10 tilbs, and it PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (O PRESTON otte Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20a. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED p Hem 18 shows NO intol Hygin 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220. I certify that (I) (this havital) attended the deceased from r) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) DEGREE 22h SIGNATURE

FOR - STATE

REGISTRAR

DECEASED NAME

ATTENDING MEDICAL STAFF 100 be deto e Stote [PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) id b MPORT 23d. LOCATION 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Trinity Memorial Burral March 10. 1 Gardens Walder REGISTRAR 25) REGISTI ANS SIGN Alexander Ferry Rd., Clinton, DHMH - 16 50M 7/22 (VRA 15 (4)) 6633 MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2b. HOUR

HOURS.

12b. KIND OF BUSINESS OR

LAST

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

RETWEEN CONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

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MONTHS DAYS

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the buriok-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARY DEPARTMENT OF HEALTH AN CERTIFICATE OF

LAND D MENTAL HYGIENE	ö	6	0	7	1	la la	2
DEATH		DEC NO					

FOR STATE REGISTRAR		DEPART		FICATE OF DEATH		G. NO.	3 / /	Carl Can	
1. DECEASED NAME FIRST		MIDDLE		EAST	20. DATE OF DEAT		DAY YEAR	2b. HOUR	
Loy	le	N.	1	Balcom	March 2	198	2	12:10 1	
3. SEX	4 RACE		5 DATE		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEA		
Male	Wi	nite	Mar	ch 6 1915	67	YRS	MONTHS DATE	HOURS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		× =	9 BALTIMORE CIT				
Iowa	U.S.A		WIDOWI	-/	Prince G	eorge	s County	MD.	
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12g USUAL OCCU			OF BUSINESS OR	
Greenbelt	America	n Medica	1 Nur	sing Center	Ret. Fin			rire Dept.	
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136. CO		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Universi	/N	13d. INSIDE CITY LIMITS?	13ª STREET ADDRE	41st	Ave		
14 FATHER'S NAME	MIDDLE		-	15. MOTHER'S MAIDEN NA	ME				
Orval	MIDDLE	Balcom		Margaret	MIDD	t.E	Fros	ter	
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO	17 INFORMANT	ΙA	DDRESS A d	iress Sa		
No	GIVE WAR OR DATES)	579607	8122	Mrs. Helen I	Balcom	No7	# 13e.	2-1-1-1	
18 CAUSE OF DEATH (Enter	only one couse pe	line for (o), (b), an	id ich				APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH	
PART I, DEATH WAS CAU	SED BY: ATE CAUSE (0)	CAL	2010	RESPIRATOR	Y ARRI	ST			
4275		R AS A CONSEOU							
Conditions, if any, which									
gave rise to immediate couse 101, stating the	DUE TO O	R AS A CONSEOU	ENCE OF						
underlying couse lost.	underlying cause lost.								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							GIVEN IN PART	(0	
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 COND	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
210. ACCIDENT WAS UNDERLYING		LE OF INJURY A.M. MONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
OR CONTRIBUTING CAUSE OF D	AL ALIA	M. MONTH D.	19						
OR CONTRIBUTING CAUSE OF E	21e. PLACE	OF INJURY	APM FTC 1	211 LOCATION	City	OR TOWN	COUNTY	STATE	
AT WORK NOT WHILE	THE STATE STATE	LET, ACTORY, OFFICE, F	FIC I						
22a I certify that (I) (this has			-	3-15-19-62	, to3	- 29		, that (1) (we) last	
sow the deceased alive a above, (1) (we) (did) (did	not) view the body	after death.	2 . 01	nd that in (my) (our) opinion	death occurred on th	ne date and h	our and from th	e couses stoted	
226. SIGNATURE	226. SIGNATURE DEGREE 220. DATE SIGNED								
M	Mo			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [3	29/02	
SANKARA	N M-	VAYAR	M-1	3717 - 3	8" AVE	BREN	Imrab.	MD 20722	
230. BURIAL, CREMATION, REMOVA	AL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
(SPECIFY) Burial	April	1,1982 C	edar	Hill Cemetery	Suitla		P.G.	Mary	
24 FUNERAL DIRECTOR				250. DAT	E REC'D. BY REGIST	RAR 255 BEG			
F. Gasch's Sons	F.H. P.	. Hyatts	ville	, Md.	IAR 3 0 198	2 Gran	- VA		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Nurial (neil 1,1082 feder Hill Cometers Suithund F.J. Burrland P. Cascha Come P.H. D.A. Byattaville, Md.

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within 24 hours after

STATE OF MARYLAND FOR - STATE CERTIFICATE OF BEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEI	KITFICATE OF DEATH	R	EG. NO.			
	RROLL	D MIDDLE	BALL	20. DATE OF DEA	MARCH	14 1982	1. JO M	
3 SEX MALE	4. RACE WHIT		ATE OF BIRTH JUNE 30 1898	6 AGE (IN YEARS)	LAST BIRTHDAY) YRS.	MONTHS DAYS		
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		ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OF	R CONDITION G	GIVEN IN PART 1	la [°]	
NO DATE OF OPERATION TO THE PROPERTY OF THE PR	19b. COND	ITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY	INCER	YES, WERE FIND TIFYING CAUSE YES [
21a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR A	DF INJURY .M. MONTH DAY Y .M.	YEAR 19	CCURRED (ENTER NATURE	OF INJURY IN ITEM II	B PART OR PART 2}		
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22d. PHYSICIAN'S NAM	EDGECOMBE		110 10011200	ON HILL RD	OXON HI	ILL. MD.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushauld be detached for use as the burial-stransit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

medical exp

230. BURIAL, CREMATION, REMOVAL 3/17/82 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

23d. LOCATION SUITLAND

PRINCE GEORGE MD.

OXON HILL RD 250. DATE REC'D. ADOXON HILL MARYLAND GEORGE P KALAS FUNERAL HOME

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corbangopes with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician. medicol exc

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEKII	FICATE OF DEATH	REG. N	0.	
DECEASED NAME FIRST	MIDE		LAST	20 DATE OF DEATH		YEAR 26 HOUR
(CLARA Lou	ise BELLE			03-19-82	1:45 PM
SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS
Female	White	Sep	th. 15°, 1907°	74	YRS.	DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH			9. BALTIMORE CITY C		ATH
Maryland	U.S.A.	WIDOW	ED NEVER MARRIED	PRINCE G	EORGE'S	440
O. CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		MD. KIND OF BUSINESS OR
CHEVERLY			NERAL HOSPITAL	Seamstres	S WORKING LIFE)	eaners
ISO STATE Maryland Prin		E RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6614 61st	Place	
4 FATHER'S NAME Natan	WIDDLE	ilkerson	15. MOTHER'S MAIDEN NAM	WE	Wilke	ersőn
60. WAS DECEASED EVER IN U.S. A	THE WAR OR DATES.	SOCIAL SECURITY NO.	17 INFORMANT	ADDR		
(YES, NO OR UNKNOWN) (IF YES, C	5	577 03 0777	John N. Bell	e Same as	#13 (Sor	1)
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	S A CONSEQUENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	FINDINGS USED AUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	21b. TIME OF IN	HIDDY	21. HOW INTURY OCCUPA	YES NO	YES 🗌	№ □
		MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	ART 2)
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M.	19	211, LOCATION			
WHILE NOT WHILE		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TO	wn cou	NTY STATE
220.1 certify that (1) (the harmony the deceased alive of	not) view the body of to	8 19 82	ond that in (my) (or opinion of opinion opin	MEDICAL PHYSIC	224	3/19/82
Burial, CREMATION, REMOVA	1 236. DATE 3/22/81		CEMETERY OR CREMATORY	23d LOCATION Brentwo	od P.Gwi	Maryland

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DHMH - 16 50M 1/81 (VRA 15, 4)

" Prances Gasch's Sons Funeral Home, P.A. Hyattsville, Md. 4739 Baltimore Avenue

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital ar attending physician.

TO HOSPITAL

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FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYGIEN
DECEASED NAME	FIRST	MIDDLE	LAST	2
EXPENDE PRINTI		100		

4339 Hunt Place, N.E., Washington, D.C.

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DF	REASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
VC	3 4	while	Belt	3- 7-0-	IF UNDER 1 YEAR IF UNDER 24 HRS
3. SEX	× M	Black	5. DATE OF BIRTH MONTH DAY YEAR 1 - 25 - 9	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7	& CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUN	NTY OF DE TH
1	marikan	U.S.	WIDOWED DIVORCED	DI Alanoe	John John M
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RESING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL ULLUPATION	- B - 1
13e. S	AL RESIDENCE (IF HURSING HOME OR OSTATE 136) COUN	TY O / I3c CITY OR	EFORE ADMISSION) 13d. INSIDE CITY LIMITS YES NO	5? 13e. STREET ADDRES	rusy St.
14. FA	ATHERS NAME	LIDOLE LASS	15. MOTHER'S MAIDEN FIRST War	WIDDLE	Snowden
16a V	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166. SOCIALS WAR OR DATES) 579_	63-6328A FAC	lell Belt	3008 Celarum
	18. CAUSE OF DEATH (Enter and	ly ane cause per line far (a), (b), and (c).1		BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSED		opulmman ma	120	Louis
	Canditians, if any, which	(b) SPARA	an actually couled	romaly loans ofto	poce years
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	promi sodimo		GIVEN IN PART 1(0)
z	cause (a), stating the underlying cause last.	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
IFICATION	cause (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION AN Track Afection 1200, AUTOPSY? 1200, IF	GIVEN IN PART 1(a)
AL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING 196. CONDITION FOR WI	TO DEATH BUT NOT RELATED TO THE AITH DATA AITH HICH OPERATION WAS PERFORMED	TERMINAL DISEASE OR CONDITION TYAND 200. AUTOPSY? 706. IF	GIVEN IN PART I(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT C TS. GETTION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	CONDITIONS CONTRIBUTING STORE G73 196. CONDITION FOR WI THE OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	TERMINAL DISEASE OR CONDITION TY OUT TO THE TOP TO THE TOP THE TOP TO THE TO	GIVEN IN PART I(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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	Cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT COMMENT OF CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not not on above, (1) (we) (did) (did not not on above, (1) (we) (did) (did not	196. CONDITIONS CONTRIBUTING 196. CONDITION FOR WI 196. CONDITION FOR WI 196. CONDITION FOR WI 197. CONDITION FOR WI 198. CONDITION	DAY YEAR 19 211. LOCATION STREET am 219 DEGREE	TERMINAL DISEASE OR CONDITION 200. AUTOPSY? YES NOW CURRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 101. A CONTROL OF INJURY IN ITEM CITY OR TOWN 102. A CONTROL OF INJURY IN ITEM CITY OR TOWN 103. A CONTROL OF INJURY IN ITEM CITY OR TOWN 104. A CONTROL OF INJURY IN ITEM CITY OR TOWN 105. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 106. A CONTROL OF INJURY IN ITEM CITY OR TOWN 107. A CONTROL OF	GIVEN IN PART I (a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 2 , that (I) (we) I have and from the causes stoted 27c. DATE SIGNED
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BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

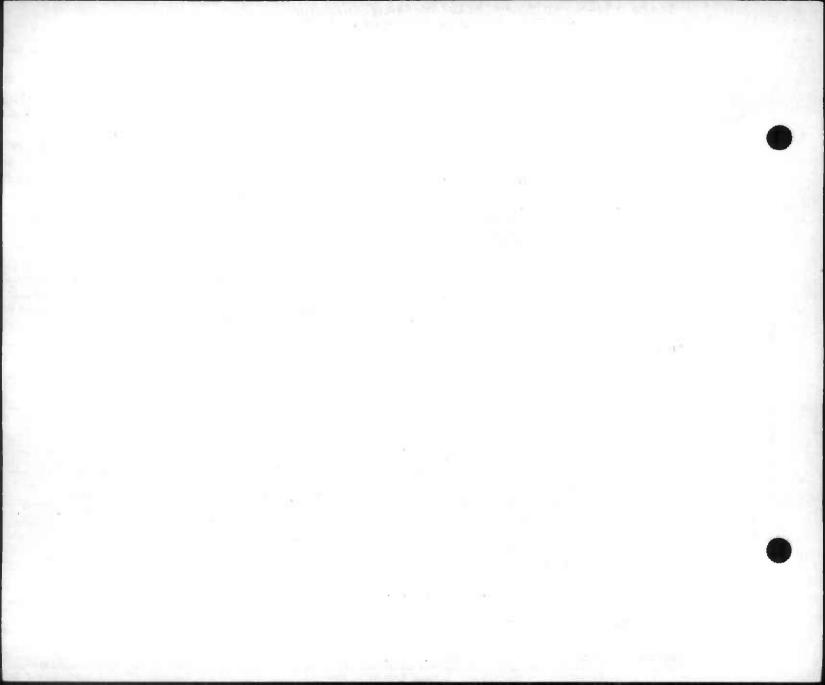
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executed within 24 hours after death. Page 4 may be

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	3. SEX	ale	White	5. DATE OF BIRTH	YEAR	32 YE	AY) MONTHS		HOURS 2	MIN. P	RONOUN		3	26 19	82	6:10 D. M
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SER	10. CI	Clintor	/	11. NAME OF HO	ACILITY, GIVE S		, or othe Lane	R INSTITUT	ION		AL OCCUP OST OF WORK	ATION (TYP	PE OF WORK	12b. KIND OR IN	OF BUS DUSTRY	
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RE, MD. 21201 DEATH. IF ANY DELAY DES 1, 2, AND 31 OT A AND 2 SHOULD BE F EVITAL RECORDS, 2 EVITAL RECORDS, 2	14. FA	THER'S NAME		WIDDLE		LAST			R'S MAIDEN			DDIE		LAS		
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SHOULD ORD "PE CHEF N SE USED A SURIAL, G	CERTIFICATION													YES		NO 🗆
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD."PENDING" IN PEN REDED TO THE CHIEF MEDICAL EXAMILE ES SHOULD BE USED AS A BURIAL - TR EDEPARTMENT OF HEALTH AND MENT OF PRIOR TO BURIAL, CREMATION, OR	MEDICAL CE	UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH ? P.	м. монтн м. 3	24 19 8	2 su	bject	occurred was :							
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FERE DEATH, WITH HE STATE BALTIMORE, MARYLAND, 2120		220. I certify t		ge of the remains de	Accident		Autops	Hamici	Inspection		Inquiry		Georg	je's (0.,	Md.
CAL EX THE CE SHOULD SATH, W		ACTUAL SIGNATURE	Virginia	Lola			M.1	Assi.	stant	MEDIC	CALEXAM	INER	DATE	3-	-27-8	82
TO MEDI EXECUTE PAGE 4 FO FUNE SALTIMO		EXAMINER'S NA	VII	ginia L.				DDRESS			n St	reet				
BP		URIAL, CREMATIC PECIFY) Remo	val	4/6/82	23ε.	NAME OF CE	METERY OR			1	RIOWN			MIA	STAT	TE
(VR A15 ME (5))	-	uneral directo name atomy Bo		ADDRES		., Md.		2	APR	12	1982	R 1256 REG	ISTRAR'S	SIGNATUR	The	



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STATE OF MARYLAND

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STATE OF MARYLAND

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Surfacey Fergus II Talkouy 1951

uneral director, page 3 hin 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

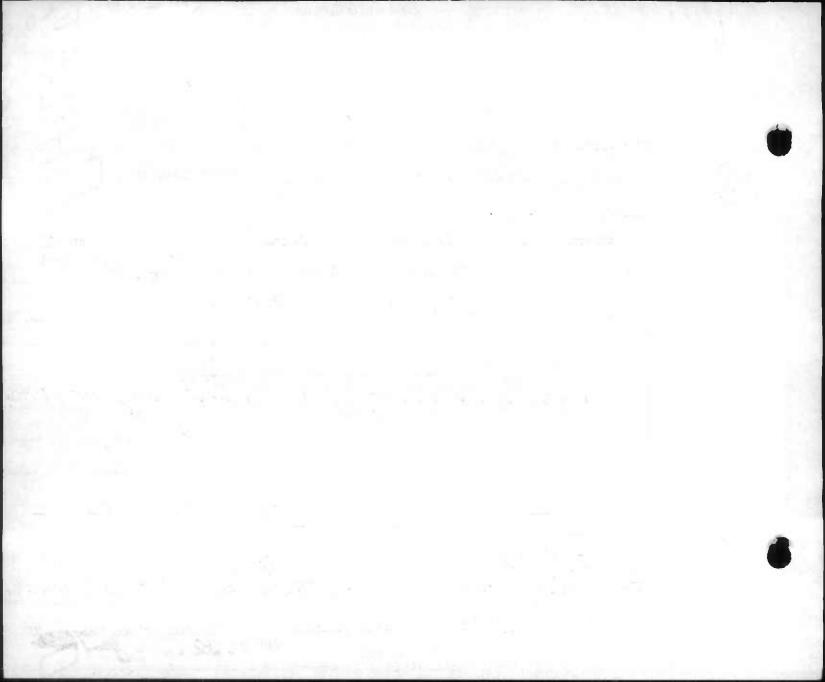
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within

retained by the hospital or attending physician.

BP. DHMH - 16 60M 1/75 (VRA 15 (4))

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	I DE	REGISTRAR CEASED NAME FIRST	MIC	DDLF		AST	2a DATE OF DE	REG. NO.	DAY YEAR	2b. HOUR	
		OR PRINT)	FILE DIACT	NO AME						Marine -	
	3 SE		NE BLASI	5. DATE OF BIRTH			MARCH 2		IF UNDER 1 YEAR	10:04A M	
		FEMALE	BLAC	Y IV	MONTH				MONTHS DAYS	HOURS MIN.	
ού ₄ Α	7a BIRTHPLACE ISTATE OR FOREIGN		76 CITIZEN OF W		8		9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
90		outh Carolina	USA		WIDOWE	D NEVER MARRIED		· 5		MD	
Pari		ITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OC	MOST OF WORKING H		F BUSINESS OR	
0 1		HEVERLY	PRINCE G			RAL	School	Teacher			
275	13a S	AL RESIDENCE (IF NURSING TOME OF	YTY	30 CITY OR TOV		136 INSIDE CITY LIMIT			IID/III		
The state of the s		RYLAND Pr.	Geo. I	JARGO		YES NO I		TATON CO	UKI		
E/N	}		MIDDLE	Boulwa	re	Rober		IDDLE	Black		
0	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b SOCIAL SEC		17 INFORMANT	va	ADDRESS 02	Draci	ZWETT	
medi	(YES, NO OR UNKNOWN) (IF YES, GIV	Unknown			Roberta D. Johnson La			2803 Staton Court		
, the		18. CAUSE OF DEATH Enter or	nly one couse per la	ne for to 16 jai	nd (c)	c 1.	22 -)			MATE INTERVAL	
even		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	CARCIA	MA	of we	5700 MANY		New		
notic		1509	DUE TO, OR	AS A CONSEQU	JENCE OF		, 0				
froun	Conditions, if any, which gove rise to immediate										
or other troumotic		couse (a), stoting the underlying couse lost	DUE TO, OR	as a consequ	JENCE OF				-		
, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE O	R GONDITION GI	VEN IN PART 10		
Cunius	NO	CENERU	VASCUV	n Acci	west.	ASOND	MEaus	J ULMA	y Tracy	TIVECTIV	
ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITI	ONDITION FOR WHICH OPERATION WAS PERFORMED			19s AUTOPS	20b. IF YE	WERE FINDIN	OF DEATH?	
Now Z	RTIFI							o ⊠ Y	ES 🗌	NO 🗌	
morked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF HOUR A.M	FINJURY M. MONTH DAY YEAR 21c. HOW INJURY OCCUR			CCURRED (ENTER NATURE	OF INJURY IN ITEM 18,	PART I OR PART 2)		
Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M		19	1001101					
o p	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY Et, factory, office,	FARM, ETC.	21f. LOCATION STREET	CII	Y OR TOWN	COUNTY	STATE	
norke			(-1) - (-1) (1-1)	1	MIT		19 Mi	icts.	10 0/-	ale a state to a New A	
. 40		22a.1 certify that (I) (this back sow the deceased alive on	res	19.5	×2- 0	nd that in (my) con	nnion death occurred o	n the date and ha		that (I) (ma) last couses stated	
em 2		obove, (I) (did no	of view the body of	fter deoth.		DEGREE			22c. DATE		
MPORTANT: If them 21		French	M			ATTENDA PHYSICI	MEDICAL AND DIRECTOR	STAFF PHYSICIAN [3/23	5/82	
TAN		22d. PHYSICIAN'S NAME TYPE C	OR PRINT!			22e ADDRESS	11-1	14/72	4. 1	10/2-	
PO		TRANK M. KY	ANM.S),		1401 -MO	14V HEAD !	784, T.	WAJh.	Md 0074	
≤	00 6	BURIAL, CREMATION, REMOVAL	23b DATE	23ε.	NAME OF C	EMETERY OR CREMAT	ORY 23d. LOCATIO	NY N			
	230 (SDECIEVI					CITY OR TO	WN	COUNTY	STATE	
_	- (Burial	3/30/8	2 L	incoln	Memorial	Suit	land Prin	ne Com		
5	- (Burial UNERAL DIRECTOROLLIN	3/30/8	AL MON	IF INC	Memorial 23		land Prin	ne Com		



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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending obsistion.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages? Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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- STATE REGISTRAR		DEI ARTIME	CERTIFICATE OF	DEATH	REG.	NO.	, ,	7 1
DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
THE ON PRINTS	Paul Ott	O BLEGE	EN		March	7,1982	2	3:20A
SEX	4 RACE	5	DATE OF BIRTH		6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
ale	Cauca	sian	MONTH 7-	1891	90	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR		E WHAT COUNTRY?	X NEVE		9. BALTIMORE CITY		Y OF DEATH	
Iowa	U.S.A			NARRIED U	Pr. Ge	0.		M
city or town of de		HOSPITAL, NURSING UCHFACILITY, GIVE STREET ADD	ORESS)		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Bank Te	TION OF WORKING LI	Retire	BUSINESS OF
UAL RESIDENCE (IF NUR STATE Md.	136 COUNTY Geo.	I GIVE RESIDENCE BEFORE AD BOW I E		CITY LIMITS?	13006 8	th st		
FATHER'S NAME	WIDDLE	_ LAST	15. MOTHE		ME		(AS)	
0 le		Blegen		Clara	MIDDEE		Thomp	
WAS DECEASED EVER	IN U.S. ARMED FORCES			MANT	ADD	RESS	R TE	
Yes	WW 1	469-18-0	0694 H.	Gladys	Blegen	same	as #	13
gove rise to im couse (a), stati- underlying couse	ng the DUE TO, (c)_	OR AS A CONSEQUENCE						
PART 2. OTHER SIG	NIFICANT CONDITIONS	Scle Yoli's	ATH BUT NOT RELATE	D TO THE TERMI	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 110	
19a DATE OF OPERA		DITION FOR WHICH OF		ORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?
210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY	YEAR	INJURY OCCURR				
21d. INJURY OCCUR		OF INJURY TREET, FACTORY, OFFICE FARM	21f LOCAT		CITY OR T	OWN	COUNTY	STATE
AT WORK NOT W	HILE I	TREET, PACTORY, OFFICE PARA	A EIC)		en or		001111	31412
sow the deceos	(this hospital) attended to ed alive on did) (did not) view the bod	19	2 / 4	y) (our) opinion d	deoth occurred on the	date and hou	-	hot (II (we) los ouses stated
226. SIGNATURE	Manyol	/ Run	M.D	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	Mare	4.7.8
Berard	CHAMPI	4 LOU X	1430		ntfox Le	me b	owie.	M. D.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

CREMATION, REMOVAL

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

Arlington

V STATE

23a BUR I, CREMATION (SPE 7) Urial 24 FUNERAL DIRECTOR NAME 3-10-82 Arlington National RECTOR Beall Funeral Home 250 DATE RE 16,000 Annapolis Rd. Bowie, Md. MAR 1

250 DATE REC'D.

REGISTRAR 25 REGISTRAR'S SIC

Unicasina 4- - 1691 90) [Pr. 600. WO Doctors Hospital 8 mk Tellm - Retires m don Pr. Geo. Bowle . 75 Blegen Cl m 310 The near VWI 459-16-0692 H. Elwas Diegers same as # 13 53 Conditionalist Colleges Popieralism Hereby bran went a - Type plantes Mail. Congration Hours Enteres.

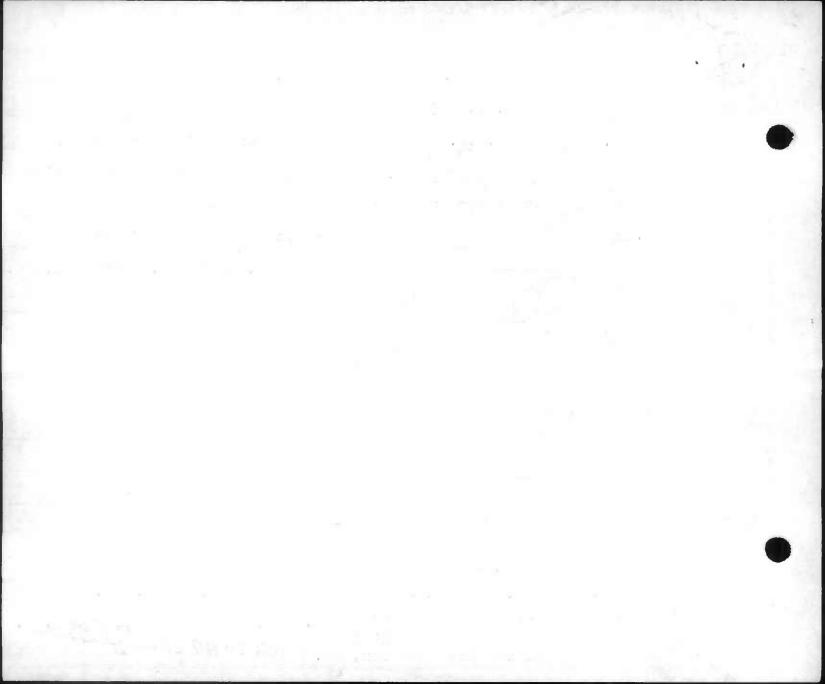
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ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

TO HOSPITAL OR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE BEG. NO.	1 1 3 3
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
	Walt	ter Lorenzo	BOND	March 28.19	82 1:45 AM
3.	Male Male	Caucasian	Jan. 30, 1894	6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.	MONTHS DATS HOURS MIN.
7	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED [Danie Comme	OF DEATH
3	Lanhanct	Doctors Hospita	al of Prince Geo.	12d USUAL OCCUPATION (EXPEOP WORK FOR MOST OF WORKING LE) Co. Saw Mill Work	12b. KIND OF BUSINESS OR INDUSTRY The Dahlgren. Va
5	Maryland Pr.	we or other institution give residence before OUNTY 13t. CITY OR TO George Distric	t Hgts YES NO	6512 Gateway B	lvd.
0	charles	H. Bond	15. MOTHER'S MAIDEN I	T. WIOOFE	Jackson
16	WAS DECEASED EVER IN U.S. (YES NO OF UNKNOWN) (IF YE	s. ARMED FORCES? 16b SOCIAL SEC s. Give war or oates) 220–16		6512 Gates Maloney District	way Blvd. Hgts. Md.
		DUE TO, OR AS A CONSEQ	OUENCE OF	RMINAL DISEASE OR CONDITION GIV	(EN IN PART 110
2	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO
527	OR CONTRIBUTION CONTRA	FOEATH HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18. 1	the state of the s
1	OR CONTRIBUTING CAUSE OF CAUSE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E. FARM. ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (I) the sow the deceased alive	oppoh ottended the deceosed from e on March 27 19 d not) yiew the body ofter death.	0.0	, to March 28, on death occurred on the date and hou	
	228. PHYSICIAN'S NAME (1		ATTENDING PHYSICIAN 22° ADDRESS	DIRECTOR PHYSICIAN	3/2 \$ / F 2
	R. B.	Ingham, M.D.	5701 - 85±	h Ave., Hyattsvill	le, Md.
23	BURIAL, CREMATION, REMO		t. Lincoln Cem.		P. G. Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filted in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 sharing the filted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.

4/1/82

Ft. Lincoln Cem.

Brentwood

Maryland P. G.

250. DATEREC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Makenes | Coctors houghted of Farnes see Se. 111 kerseet Ball menn; and the state of t F. Bond Namelet L. Jackson Luc-15-2005 Satelle . Selenty lastelet History Blod. 77 A ANDREAD FOR THE STATE OF THE

	1.	FOR STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 3	REG. NO.	7 1	5 4
(NA)	{ TYPE	CEASED NAME FIRST		AIDDLE	B	ooper	20. DATE OF D	3 3	11 82	10 120 M
	3. SE	× EMALE	4. RACE WHITE	254	Feb.	25, 1900 AR	6 AGE (IN YEAR	S LAST BIRTHDAY)		HOURS MIN.
Dia 10 2/7	W	ashington D.C.	U.S.A		WIDOWE			CITY OR COUNT Ce George	s	MD.
90		reenbelt	America	HOSPITAL, NURSIN	POR NUT	sing Center	124 LIYPE OF WORK FO Admins	'ON or möst of working L trator	PE KOD OF INDUSTRY Navy D	BUSINESS OR D epartme
tiled in State of The State of	13a .	ashington D.C.		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO 🗌		134 Place	n.E.	
100 mg	1	THER'S NAME FIRST A	_	avisson		15. MOTHER'S MAIDEN N			McDuell	
Special Condition	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	578 66 6		Gladys B. D		18 Roalnd elphi, Ma		t.
NG PHYSICIAN: The location that the carbon of the rhis certificate has been signed by the artificate has been signed by the and mental Hygiene prior to based committees orked or them 18 shows any multi-	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	CONDITIONS CO	levis TION FOR WHICH	DEATH BUT	N WAS PERFORMED	200 AUTOPS	SY? 20b. IF YE IN CERTI	S, WERE FINDING FYING CAUSES O	
O HOSPITAL OR ATTENDING PHYSICIAN: T etoined by the hospital or attending physicial FUNERAL DIRECTOR. After this certificote should be detached for use as the buriol-transity with the State Dept. of Health and Mental Hygi	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WMILE NOT WHILE AT WORK NAT WORK 220.1 certify that (II) (this hasp saw the deceased alive or above, (I) (res) (did) (did miles) 22d. PHYSICIAN'S NAME ITYPE	HOUR A.I R) 21e PLACE (AT HOME STR Dital) ottended the	M. MONTH DAM M. DF INJURY EET, FACTORY, OFFICE, FI e descrosed from 19 ofter death.	19 ARM, ETC)	22e ADDRESS	n death accurred of	on the date and ho	19 B C, the pur and from the co	IGNED 3/82
DP Corporate Should With # PORT		J. Richard L BURIAL CREMATION, REMOVAL BUT1a1		23c. N		5804 Bal	23d. LOCATI	ON	P.G. Ma	
DHMH - 16 50M 1/81 (VRA 15, 4)		vattsville. Mar		ral Home	, P.A.	25a. D	PR 5	SISTRAR 256. REGIS	TRARISTIANATO	RECEIVE

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Justice and Lilly, M.S.

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BP.

15		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	07/55
8 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		CEASED NAME FIRST E OR PRINT) BESS	MIDDLE E.	BOSWELL	20. DATE OF DEATH MONTH	21-82 YEAR 9:05A
(RA)	3. SE	x Female	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
unerali nin 72	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	White 7b. CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIED D NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUL PRINCE GEORG	NTY OF DEATH
in by the fune be filed within	CI	TEVERLY	P. IN NAME OF HOSPITAL, NURSI P. IN NURSING STEE		17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFE) 12b. KIND OF BUSINESS OR INDUSTRY OWN Home
mpletely filled in and 2 shauld be graminer must be	130 S Ma 14. FA	STATE 13b COU	NTY 13c. CITY OR TO	NN 13d. INSIDE CITY LIMITS? 13d. INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN N. FIRST	13e. STREET ADDRESS 5297 85th. A	ve. Apt - 102 Cunningham
icion and car lers. Pages 1. II. the medical	16a. V	VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT		ddress Same as
ned by the attending phys please remave carbon pop urial, cremotion, ar remavo r, ar ather traumatic event,		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	Thing Co	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an. has been signi t permit. Then permit to bu ows any injury,	CERTIFICATION	19a Date of Operation		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
iding physici us certificate burial-transit Mental Hygis ar Item 18 sh	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR 19 216. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	
al or atten DR: After th r use as the Health and is marked a	ME		(AT HOME STREET, FACTORY, OFFICE,	STREET STREET	city or town	COUNTY STATE , 19 8 2 , that (I) (we) lost
formed by the hospital of the property of the State Dept. of the State		sow the decreased alive an obove, If (we) (did) (did) no 22b. SIGNATURE	t) yiew the body ofter death.	DEGREE ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED

COUNTY

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial March23,1982

tery Suitland P.G. May

250. DATE REC'D. BY REGISTRAR 250, REGIST R'S SIGNATURE

MAR 2 3 1982 Frances Cedar Hill Cemetery Maryland 24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

(SPECIFY)

DHMH - 16 50M 1/81 (VRA 15, 4)

Marwise Parch 10, 1698 84

Virginia I.S.A.

Vol. 174.

P.C.C. H. Cheverly, M.

Surial Harch'S, 1982 Cedar Hill Cometery suitland L.C. Maryland F. Sachta Sound M. L.A. Hystisville, Md.

ATTENDING PHYSICIAN: The la attending physicion

HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 havib the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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1.	REGISTRAR			DET ARTH	CERTIF	ICATE OF	DEATH	OIENE	REG. I	NO.		
	CEASED NAME E OR PRINT)	Ada	,	Sue		owen		100	of DEATH arch	9, I	982	8:10 M
3. SE	Female		4. RACE C au		S. DATE C		1896	8		YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
W		inia	U.S.		WIDOWE	DE	R MARRIED DIVORCED	Pr	ince	Geor	ges	MD.
	anh am		Magno I	HOSPITAL, NURSIN HEACILITY, GIVE STREET I a Gard	ADDRESS)		ngHome	CTYPE OF M	OCCUPA ORK FOR MOST OMEM			F BUSINESS OR
Ma	ry land	13b COUN P. (OTHER INSTITUTION	Bow ie	ADMISSION)	13d. INSIDE	CITY LIMITS?	13e STRE	12 Y	orkti	own Dri	ve
	Jackson		Hall	LAST		Ma		AME			vaine LAS	
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	234-26-		Har		en, 13	3 12		Bowi town Dr	
	18 CAUSE OF DEATI PART I. DEATH W / 8 9 O Conditions, if ony, gove rise to imm cause (o), stotin underlying couse	which nediate g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	7	Rano	188L		7	Co	MANN PRATECTION
NOI	PART 2 OTHER SIGN	HEICANT C		NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISE	ASE OR CO	NDITION G	IVEN IN PART 10	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	V WAS PERI	FORMED	20a AL	ITOPSY?	INCERT	es, were findin Tifying Causes Yes []	
MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT AT WORK AT WORK AT WORK AT WORK Sow the decesse obove ID well to	AUSE OF DEA	TH HOUR A./) P./ 21e. PLACE ((AT HOME, STR	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA deceosed from 10	19 ARM, ETC)	211 LOCA STRI	, 19	, to	CITY OR T	OWN date and ha	COUNTY	STATE that (we) lost couses stated
	22d. PHYSICIAN'S NA Andres			MD.		22e. ADDR					Lanham	, Md.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 3/13/82

230. BURIAL, CREMATION, REMOVAL

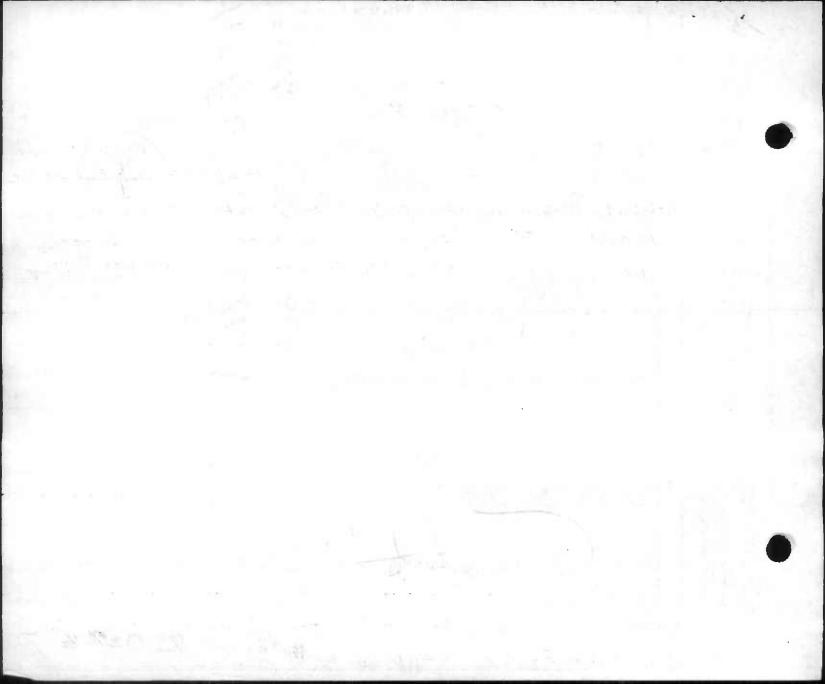
231. NAME OF CEMETERY OR CREMATORY Sutton Cemetery

19326 Lanham-Severn Rd. Sutton,

16000 Annapolis Rd., Bowie, Md.

25a. DATE REC

March 5. 1657 Female Cese, Nov 16, 1696 West Winglands U.S.A. 2-110-6 3-11145 Laniam Magnolia C Trens NorsingHome Homembur Maryland 198.5. Boulte , 19812 Yorktown Brive dickson A. Hall Hary Machelasine 10 224-24-162 H rry Bores, 12312 Yorkton tr., Add HAMMED TO HAMMEDIAN SHIPPINGST 2018 MAN 1 1 1/2 40/25/ - St. 2 11 - St. 2 11 -Anchres C. Lews, M.E. eleil 2412/82 Setton Crantery Sutton, West Wighting and the second field at



Riverdale, Maryland

Chambers Funeral Home

(VR A15 ME (5)

15M 2/80

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 1982 YEAR 2d HOUR 82 6:35 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's County 126. KIND OF BUSINESS OR INDUSTRY Home 29 Kennilworth Ave. #202 LAST Wyman Brubaker/Daughter/Same as BETWEEN ONSET AND DEATH 20 AUTOPSY? NO X YES [] HYATTSVILL GEORGES 20781 DATE 3-9-82 SPRINGS, MD20748 Co., Maryland 25b. REGISTRAR'S SIGNATURE MAR

2b. HOUR

A B The Commence of the statement of the sta Carried Control of the Control of th

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	Page
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or ottending physician.
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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If tem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	49	
1	6.0	

Cem. Arlington Arlington

07/5

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	PREG. NO.	7 / 5 9
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE OR PRINT) Nellie	M. BF	REITBACH	March 1,1982	1:35 AM
	3 SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	Nov. 14, 1893	88 YRS	MONTHS DATS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
3	West Virginia	U.S.A.	WIDOWED DIVORCED [☐ Prince George's	County MD.
	Lanham	Doctor's Hospi	tal of P.G. Co.	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Retired Sec.Chi	126 KIND OF BUSINESS OR INDUSTRY U.S.
3	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 130, COU Maryland P. (ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?		
and the same of	Robert Robert	Miller Miller	IS. MOTHER'S MAIDEN P		Lambert
	160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS 162	3 Eton Way
	(YES NO OR UNKNOWN) (IF YES, GI	578-24-	1045 Harry F. Br		Maryland
	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK 27a. Leertify that (1) (this hosp sow the deceased alive or	DUE TO, OR AS A CONSEQUENCE OF TO THE PLACE OF INJURY LATHOUS STREET, FACTORY, OFFICE	UENCE OF DEATH BUT NOT RELATED TO THE TELE H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCU STREET 19 OCCUPANCE 19 DEGREE ATTENDING	200 AUTOPSY? YES NOTA VENTER NATURE OF INJURY IN ITEM 18 F CITY OR TOWN TO 2 - 2 A on death occurred on the date and hou	S, WERE FINDINGS USED FYING CAUSES OF DEATH? IS NO ART LORPART 2) COUNTY STATE
	22d. PHYSICIAN'S NAME THE	H MATH	EN 1220 ADDRESS 37 Hyalls	illy md?	thishway
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR' Arlington Natl. Ce	CITY OR TOWN	COUNTY STATE

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24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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Species "sech 1,100" Arlianton Kull. Ces. Arlianton to.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medical exem

1-	FOR STATE REGIST
1. DEC	EASED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- "	LOISTRAK						REG.	NO				
1. DECEA	ASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HO	UR
		Mary		E.	B	rooke		3	26	82	2:	58 AT
3 SEX			4. RACE	100		OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNE	DER I YEAR		R 24 HRS
	nale		Cauc.		May	15, 1885 TEAR	96	YRS		DATS	HOURS	MIN.
7a. BIRTH	PLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
	sh D.C.		USA		WIDOW		Prince G	eorge				MD.
	ortown of t			HOSPITAL, NUF HEACILITY GIVE ST L'emple		OR OTHER INSTITUTION	12a USUAL OCCUPA (Type of work for mos Housewii		LIFE) 1N	KIND COUSTRY	OF BUSIN	ESS OR
USUAL F	TE	URSING HOME OR	OTHER INSTITUTION		FORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRES	S				
	Md.	Pr. (jeo.	remple	Hills	YES NO	5086 Temp		11 R	d.		
4 FATH	ER'S NAME FIRST George		MIDDLE N.	last Raml	ov	15 MOTHER'S MAIDEN NAM	MIDDLE WIDDLE			Sho	emak	er
	DECEASED EV		MED FORCES?	166 SOCIALS	M	17. INFORMANT		RESS		0110	GHICLE	.61
ne	O OR UNKNOWN)	none	E WAR OR DATES)	579-60	-1416	Clement H. Br	cooke 5090	Temp]	le H			
18	CAUSE OF DE.	ATH Enter on	ly one couse per							BETWEEN	ONSET AND	RVAL D DE ATH
	ARTI. DEATH		E CAUSE (o)	Carei	- Map	noton arrest						
	4000	h Division in			0	1						
	1 17 1	1	DUE TO, O	R AS A CONSE	OUENCE OF	tic Cardiochaci	1		>			
C	onditions, if o	ny, which	(b)	arteri	asclans	tit Cardiochaca	lon Diseas	20.				
	love rise to i)									
	ouse (o), sta		DUE TO, O	R AS A CONSE								
-		1031	((c)	Liber	lifation							
PA	ART 2 OTHER SI	GNIFICANT (ONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CO	NDITION G	IVEN IN	PART 1	D	
Z			14									
H 190	DATE OF OPER	RATION	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h JE Ý	'ES WEE	RE FINDI	NGS USE	ED.
문							100 /101010/	IN CERT	TIFYING	CAUSES	OF DEA	TH?
CERTIFICATION 130							YES NO		YES [NO [
8 21	O. ACCIDENT WAS U		216. TIME O		DAY VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART 1 O	R PART 2)		
A OI	R CONTRIBUTING	~	an a	M. MONTH								
$\stackrel{\sim}{}$	IF EITHER NOTIFY M				19	011 10 C 4 T 10 N						
~			21e PLACE (OF INJUKT REET, FACTORY, OFFI	CE FARM ETC.)	211 LOCATION STREET	CITY OR	TOWN	C	OUNTY		STATE
	WORK NOT	WHILE VORK					4 4 4					
22	I Leartify that	(I) (this bosni	toll attended the	e decented fro	m 3/25	10 82	3/26/		10	82	46-4-41	(
-	sow the dece		31.7	14	RO	, , ,	noth assured as the	d=4 d b	. 17-	,	thot (1) {	
	obove, (I) (we	(did) (did no	t) view the body	ofter deoth.	, 01	nd that in (my) (our) opinion d	learn accurred on the	uate ond ho	our ond	from the	couses st	oted
22	SIGNATURE)				DEGREE			2	2c. DATE	SIGNED	,
	V	0000	Tem	ande		ATTENDING		AFF		3/2	111	0 >
22	d. PHYSICIAN'S	NI A AAE ITYPE O	1 John V	may	M11).	22e ADDRESS	DIRECTOR PHYS	ICIAN		10	0/1	1
		,	,	0			01. 73	20 2	**		20.7	
H	losario	reinan	dez, MD		3.77	4400	Stamp Rd.	Mario	W He	ints.	, Md,	
3a BUR	IAL, CREMATIO	V, REMOVAL	23b DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
(SPEC	Buria	1	3/29/8	2	t Tem	atius Church C	em / Oxon	H111	COU			STATE
A SIINE	RAL DIRECTOR	4.35	12/27/0		TKIII					·G.		d.
	NAME			ADDRES	55	DATE	REC D BY REGISTRY	CRAN	STRAIS	DIGNAT	1 Tarz	There
G.P.	Kalas	6160 0	xon Hil	1 Rd. C)xon Hi	II. MAI JYA	4110 0 1207	. 61000	1	1	4	

BP.

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely Ulfid in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be thed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the hospital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

701	RE	EGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
		SED NAME	FIRST	,	MIDDLE	· L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
)	TYPE OR I		HARLE	ES PRA	TT	BROWN	1		MAR O	1 1982	3:50p M
3	SEX			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALI	Ξ		CAU		NOV	24 1910	71	YRS.	MONTHS DAYS	HOURS MIN.
	BIRTH	IPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
10		BAMA	- 1-1	USA		WIDOWE		PRINCE GEO	RGE'S	COUNTY	MD.
		OR TOWN OF DEA	TH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a. USUAŁ OCCUPAT	ION	12b. KIND C	F BUSINESS OR
58	ANDI	REWS AFB		9	GROW USA		ICAL CENTER	MILITARY	DF WORKING LI	MATE	RTAL
1		ESIDENCE HENURS	NG JOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
E 1				OMERY	BETHESDA		13d. INSIDE CITY LIMITS?	6800 MELOD	Y LN I	BETHESD	A MD
14	. FATH	ER'S NAME					15. MOTHER'S MAIDEN NA	ME			
58	T	PIRST		NIGAN	BROWN		MARY	BESTOR		TARTT	57
16	o. WAS	DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	1111111	
2	(YES,	NO OR UNKNOWN)	WW 1	E WAR OR DATES)	413-07-2	843	BETTY B. BROW	JN 6800 MEL	ו.ז צמס	N BETHE	SDA MD
^ F	18		1111				RDIOPULMONAR'		001_01		MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W	AS CAUSE	D RV.	Cardio nul	/	B 1	I MUCEDI		3	ONSET AND DEATH
	g	onditions, if ony, love rise to immouse (o), stotin	nediote	(b)	RAS A CONSEQUE RAS A CONSEQUE	my Fi	11.	RY FAILURE			
	1 3	nderlying couse		(c)	(c) DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVES						
	N N										
	CERTIFICATION 190	DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDIF FYING CAUSES ES [
0	01	O. ACCIDENT WAS UND R CONTRIBUTING C	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	2)c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	
	Σ v	H. INJURY OCCURE	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220	. I certify that (I)	(this hospi	tol) ottended the	e deceosed from_	FEB 2	25 , 19 8:	2 to MAR 0	1	19 82	that (I) (we) lost
		sow the decease above, (I) (we) (a	ed olive on	MAR 01	19	82	nd that in (my) (our) opinion	death occurred on the d	ote and hou	ur and from the	couses stated
	22	b. SIGNATUS	h C	Sull	offer deole		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	
1		UAY C	V		SAF, MC			OLM GROW US EWS AFB MD		DIĈAL C	ENTER
2.	3a. BUR (SPEC	Crematio	removal n	Mar.2,			emetery or crematory olitan Cremato	23d. LOCATION CITY OR TOWN Alexa	ndria	COUNTY Virgin	STATE
2		ral prector NAME TO SE TO LE FUNET	al Ho	7 4/1/4	22 Wiscor shington		Ave. N.W. 250. DAT	R 9 1982			

DHMH - 16 50M 1/BI (VRA 15, 4)

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STATE OF MARYLAND

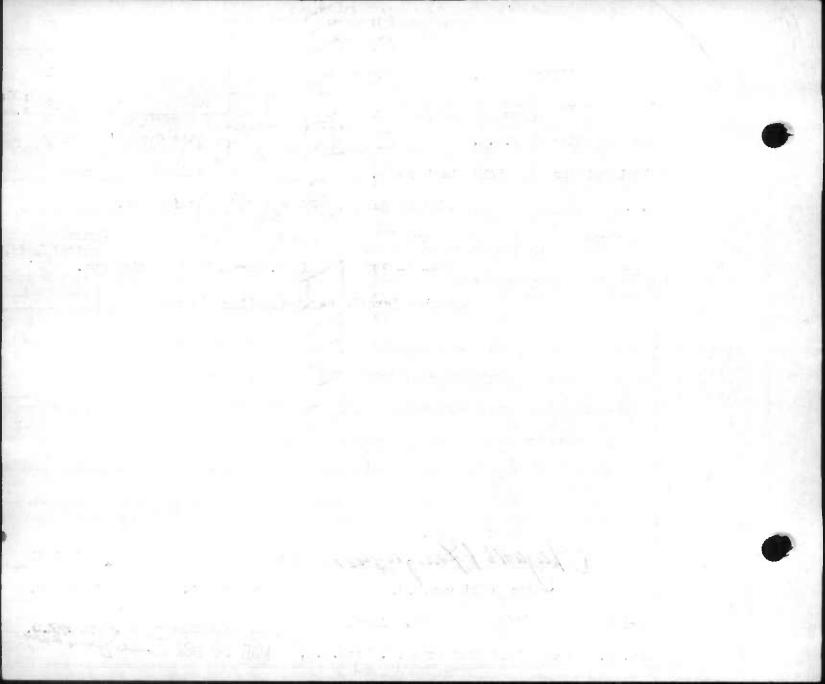
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Robt.

(VR A15 ME (5)) 15M 2/80

G. Mason



completely filled in by the funeral director. Fand 2 shauld be filed within 72 hours of

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signed by the offending physicion

TO FUNERAL DIRECTOR, After this certificate has been significate has been significated to the humanitate permit. The

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygrene

IMPORTANT: If hem 21 is morked or Irem 18 sho

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

or to burial, cremation,

injury, ar other traumatic event, the medical exam

FOR - STATE

STATE OF MARYLAND

	REGISTRAR				CLAIN	CAILOI	DEATH		REG	NO.		
	DECEASED NAME	FIRST		MIDDLE	1	AST		2a. D.A	TE OF DEATH	MONTH	DAY YEAR	26 HOUR P
(1)	PE OR PRINT)	John	Th	eodore	Buc	k			Ma:	rch 2	, 1982	1:10 M
3. 5	SEX		RACE		5 DATE C	5.44	147.15	6 AGE	(IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
L	Male		Whit	0	Marc	h 25,	1905			76 YRS	MONTHS DAYS	HOUR\$ MIN
16.	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8.	NEVER	MARRIED [Y OR COUNT		
40	laryland		U. S		WIDOWE		IVORCED	P	rince	Georg	ge's	MD.
1	Upper Marlboro	1	13510	HOSPITAL, NURS	pro P		TITUTION	120. US	nor occup	ATION Me vipring I	IFE) INDUSTRY	Business or
130	ual residence (if nue is state laryland	135 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE IN CITY OR TOY UDD 91	ORE ADMISSION)	YES 🏌	NO [510 M	arlbo	ro Pik	ө
14.	FATHER'S NAME FIRST	M	DDLE	LAST		15. MOTHER	S MAIDEN NA	WE	WIDDI		I A	S1
i	George	• V	7.	Buck	2		Lena		MIDDI		Bal	
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE V		16b. SOCIAL SEC	CURITY NO.	Wilhe		C.	Buck	Pike boro	Marl Upper	boro Marl-
THE CATION	Conditions, it on gove rise to im couse (o), storiunderlying cous	mediate ng the e last.	(b)	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE PROPERTY OF T	UENCE OF	Art.	try Ll	INAL D	ISE ASE OR CO	DNDITION GI	VEN IN PART 1	P
CERTIFICATION	190 DATE OF OPER	ATION 82	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	DRMED	200 YES	AUTOPSY?	IN CERT	S, WERE FINDI	
1 19		CAUSE OF DEAT		FINJURY M. MONTH [M.	DAY YEAR	21c. HOW II	JURY OCCUR	RED (EN	ITER NATURE OF I	NJURY IN ITEM 18.	PART 1 OR PART 2)	
MEDICAL	21d. IN JURY OCCUP	VHILE [21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATI STREET	ON		CITY OR	TOWN	COUNTY	STATE
	sow the decea above, (1) (we)	sed olive on_	2010	el- 19_	97 14	ed that in (my	19 <u>8</u>) (our) opinion (, to death o	ccurred on the	e date and ha	ur and from the	that (1) (we) last couses stated
	22h SIGNATURE	13/4	lane	mi	0	M.D.	ATTENDING PHYSICIAN	MED	ICAL S	TAFF SICIAN [3/2.	/82
	Robert			, M.D.		Uppe		lbo	ro, M	arylar	nd 207	72
	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	3/6/				CREMATORY letery		LOCATION CITY OR TOWN PPer	Marlbo	oro (Pr	.Gp)Md

DHMH-16 60M 1/73 (VR A 15 (4))

Richard A. Coleman -- Upperss Marlboro, Funeral Home. Maryland 20772

Marlboro (Pr.Gp)Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Luyen 2, 1912 1:10 1 76 76 t'e grood comittee X Dentage 13410 Amiliana sake amadema Offic mention Della opposition. Fig. X perifying the for the limitary overifier of left. 3/0/ E Control of the control of the

STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

must be aptitied it once

FOR STATE REGISTRAR		, (STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA
EACED MANE	f.mc.v	MIDDLE	1057

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1.	STATE REGISTRAR			FICATE OF DEATH	YGIENE 9 4	4O.	, , ,	0 .3
	CEASED NAME FIRST	MIDI	DIE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(145)	OR PRINT)	RMAN	E. BU	RGESS		03-3	14-82	12:45AM
3 SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Black	Nov		84	YRS		HOURS MIN.
70 B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8.	FD NEVER MARRIED	9. BALTIMORE CITY	_		
	aryland	USA	WIDOV	VED DIVORCED	PRINCE GEO		COUNTY	MD.
C	HEVERLY	PRINCE GE	CILITY, GIVE STREET ADDRESS) EORGES GENER		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Unemploy	OF WORKING LI		F BUSINESS OR
13a :	AL RESIDENCE (IF NURSING HOME OF STATE 131 COUNTY C	NTY 13	e residence before admission C. CITY OR TOWN Washington	\$13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3005 Bla	densl	ourg Ro	oad,N.E.
14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN N	IAME			
Jo		MIDDLE BI	urgess	Mary	MIDOLE E		Poo	1
	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORMANT	Glene	ESS den	, Mary	land
	YES, NO OR UNKNOWN) (IF YES, GIV	É WAR OR DATES)	577 38 943	Elder A. I	Bell-son-l	425	9th St	reet,
NOI	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT (SEP)		S A CONSEQUENCE OF		rminal disease or cof	NDITION GIV	/EN IN PART 1(d	33
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN)			
MED	21d. INJURY OCCURRED WHILE OF WHILE OF WORK	21e. PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
	220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did na 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	1) view the body after	13 19 82 f., cerdeoth		MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED
	H. H. /	110100	11. M.n.		ando ver	10	a crea	10.
	URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BU	rial	Mar. I	/, 1982-Har	mony Memor:	ial Park-L	andor	ger. Ma	arvland

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Stewart F Funeral Home-4001 Benning REGISTRAR 256. REGISTRAR'S SIGNATURE YTHE REPORT STRIPE AND A STRIPE OF THE PROPERTY OF THE PARTY OF THE PA

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completely filled in by the

TO FUNERAL DIRECTOR, After this certificate has been upped by the attending physician and co should be detached for use as the burief-trainst permit. Then please remove cuban-papers. Pages 1 with the State Dept. of Health and Mental Hyginie prior to burior, crematran, ar removal.

ATTENDING PHYSICIAN, The low

TO HOSPITAL

estained by the hospital or attending physicia

	1				E OF MARYLAND	434 - 1	(1)	-9	6 6
	1.	FOR - STATE	D		HEALTH AND MENTAL HY	GIENE 8 2	U	1 1	0 0
	1 05	REGISTRAR			FICATE OF DEATH	REG. N			
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		WILLIAM	u Nopa	erk E	1019055		3 27	82	1 AM
	3. SE	X	4. RACE	5. DATE (OF BIRTH YEAR	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male	W	8	28 96	85	YRS.		
801		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? B.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	F DEATH	
3		md	U.S.A.	WIDOW	ED DIVORCED	Prince Ge	orge's		MD.
D.	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND Q	ternisco.
\$10	Lt	ORESYOULC	Regen	A T	H	Glazier	, HOMENTO ENC)	Glass	works
301	USU 12a.	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1		=
35	(114) () (XLANd	YES NO	3522	1 RE	DCC T	~
-	14. F	ATHER'S NAME		LAST	15 MOTHER'S MAIDEN N				9,
100		William		gess	Mary	WIDDLE		Parke	er
0 1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCI	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS	70	
poll		YES, NO OR UNKNOWN) (IF YES, G	578-	-01-7450	Lillian H. H	Burgess Sui	Terractland,	Maryla	and
#		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (á	(b), and (c).)					MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUS	ATE CAUSE (a)	Kral	tactur	مـو	The state of		
affe		4409	DUE TO, OR AS A CO	NSEQUENCE OF	^ .			2111/11/6	
anno		Conditions, if any, which	(b)	Struso	whited A	vteriose	Lo. o Le		
-	15	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	INSEQUENCE OF	L.			7.00	
00		underlying couse last.	(c)						
0.40	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	2)
1	CERTIFICATION								
0 7	Ž,	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYII	WERE FINDIN	GS USED OF DEATH?
20	E E			DE PE		YES NO	YES		NO 🗌
# (J	PASS (311)	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	110110 111 1101	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
1/	S	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19					
3	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
27kg	-	NOT WHILE AT WORK							
1 30		220.1 certify that (1) (this has			960 , 19_	, to3/3	7/, 19	20_	that (the (we) last
5		sow the deceased olive a abave, (I) (we) (did) (did)	n 3 2 7 et) view the bady ofter deat	h. 19 aı	nd that in (my) (con) opinion	death occurred of the d	ate and hour o	nd from the c	auses stated
1		226. SIGNATURE	1-1		DEGREE		100	22c. DATE S	SIGNED
#		(Quan)	Kazen	- hu	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	13/	27/82
T Y		THE PHYSICIAN'S NAME (TYPE	OR PRI(IT)		22e. ADDRESS			1	1
NPOR /		5 FRD	ARD KAT	ZEN HU	1 2645-140	Her Rd. 58	= (Dr	6. Q.V.	20020
3	23 a. E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	123d LOCATION			20020
		(SPECIFY) Burial	3/30/82		coln Cem.	Brentwoo		OUNTY Mo	ryland
10	24. FI	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	JRE // sides
~	0.	NAME TO THE TOTAL TO		160 Oxon	HILL Rd.	MAR 3 1 100	her	us fine	and the state of t
	ue	orge P. Kalas	runeral Home	UXON HI	MO	2011)) O P 197	41300		

DHMH-16 30M 2/80 (VRA 15, 4)

o's mer sorte. Tanks to the terminal of the contract of the c am in As Be delegate moments . Comission pelo-co-sta . To . BY TERRELE . FY YOUR E LINE bmolycox ... booksom

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should be detached for use as the buriot-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in by the funeral director, pages with the State Dept. of Health and Mental Hygiene prior to buriot, cremotian, ar removal. Pages 1 and 2 should be filled within 72 hours after death MAPAPTART. It has an intermedian and the state of th

MPORTANT: If Hem 21 is morked or Item 18 shaws ony injury, or ather troumotic event, the medical examination of the medical exami

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	Ü		1	0	1

REGISTRAR		CERTIF	TEATE OF BEATT	REG, NO.	
DECEASED NAME FIRST	MIDI	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 76 HOUR
Kathl	een G.	But	rnell	MARCH 9 1982	5:30A
I. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Oct	t. 26. 1900	81 YRS	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Texas	U.S.A		to the same of the	IDDINGE GEODGEIG	COUNTY, ME
CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
CLINTON	SOUTHERN	MARYLAND HO	SPITAL	Secretary	U.S. Govet.
SUAL RESIDENCE (IF NURSING HO)		E RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
		Greenbelt	YES NO	103 Rosewood Dr	rive
FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	
Michael	MIDDLE	Mullen	Catherine	WIDDIE	Burke
WAS DECEASED EVER IN U.S		b SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Add	ress Same as
(YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	577-38-2159	Martha A. P	atton New	13e.
18 CAUSE OF DEATH (Ente	or appraise carre per lin	o for (a) (b) and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY:	a t	. flowet	J-10 P-10	BETWEEN ONSET AND DEATH
IMME	DIATE CAUSE (a)	Company	- ready	T GILLIAN	
Unan		· ·		1	
1011		A CONSEQUENCE OF	7 1	1:1-1	
Conditions, if ony, which	h ((b)	Lespusia	sy wary	pirality,	
gove rise to immediate	e			,	
couse (o), stoting the	I DULIO, OR B	A CONSEQUENCE OF		00	
underlying cause last	- ((c) (iandro b	ascular	arting cla	~
PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH BUT	T NOT PELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VENTINI DART 11-
S TAKE 2 OTTER STOTE OF	THE CONDITIONS CON	TRIBOTING TO DEATH BO	THO RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART HO
190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
				IN CERTI	FYING CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING	G T 21b. TIME OF II	NILIDY	Tale HOW INDUST OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
00 000,000,000,000		MONTH DAY YEAR	ZIL HOW INJURY OCCU	KRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM	MINER) P.M.	19			
21d. INJURY OCCURRED	21e. PLACE OF		211 LOCATION	CITY OR FOWN	COUNTY STATE
WHILE NOT WHILE	(AT HOME, STREET,	, FACTORY OFFICE, FARM, ETC.)	SIREEI	CHI OX 70	STATE
220.1 certify that (1) (this h	iospital) attended the d	deceased from '2'	24 122	2.9	19_ 8 Z, that (†) (we) last
sow the deceased alive	e on _ 3 - 8	19.87	and that in (my) (aur) apinion	n death occurred on the date and ho	ur and from the causes stated
obove, (I) (we) (did) (di 22b, SIGNATURE	d not) view the body oft	er deoth,	DEGREE		22c DATE SIGNED
110.0101170112		7007	4 1	MEDICAL STAFF DIRECTOR PHYSICIAN	39 V2
22d ALYSICIAN'S NAME	OR PRINT)	7.	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	3116
		D: 3308]		Rol bounds	we will
				Indiagnation	
BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
Descript 1	7 11 00) Coto of	C IVACTOR COT	Cdlaman Camban	Manhanna Md

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or attending physician

24 FUNERAL DIRECTOR

Heaven Cem. Silver Spring Montgo

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

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Pende Chite cet. 27, 1977 (8). Texas I.S.t. x

Secretary U.S. Covit.

Vichael Nullen Catherine Burker Service

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Burlat 5-11-22 (ate of Heaven Com. Silver Spring Montgomery Md.

1.	STATE OF MAR DEPARTMENT OF HEALTH AN STATE	ID MENTAL HYGIENE 2 0 / / 6 8
	REGISTRAR MEDICAL EXAMINER'S CER' CEASED NAME MABEL DABLE E. BURNS	2d. DATE KNOWN W MONTH DAY YEAR 26 HOUR
	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS TO THE CAUCAS 1 9 23 1924 57 YRS.	1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24. HOULD DEAD 3 5 19 82 a. M
16		NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH DIVORCED Prince George's ME ISTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY
USU		POR MOST OF WORKING LIFE) OSPITAL HOUSE WIFE INSIDE (ITY LIMITS? S NO 8101 QUENTON ST
2	GEORGE (WMI) Threaton	MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIDDLE LAST LAST LAST LAST LAST LAST LAST LAS
1	#5, NO. OR LINKHOWN) (IF YES, GIVE WAR OR DATES)	DWARD J. BURNS
NO	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Peritonitis	
CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED? 20 AUTOPSY? YES X NO
MEDICAL CER	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 211. LOCATIO	
W	SEGNATURE Augusto P. Lodyus M.D.	Inspection N, Inquiry N, and in my apinion Hamicide N, Undetermined manner N, ITLE (SPECIFY) Deputy MEDICAL EXAMINER DATE SIGNED 3/5/1982 RESS, 5009 Rayburn Court, Camp Springs, Md.
23a.	WRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CRI SPECIFY BURIAL 9 MARCH 82 ARRIGION NOTICE	EMATORY 23d. LOCATION
	UNERAL DIRECTOR WAS L GRANT 9013 ANNATOLIS RS LAWYAM MD 201	25a. DATE REC'D. BY REGISTRAR 25b-REGISTRARS SIGNATURE TO

SINE MAL HAME HAVE SHIPE 2 would it species comment in the me Colorett X straight ?

An extraorder of the street of Treates and

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fushould be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic event, the medical

STATE OF MARYLAND 1 - STATE

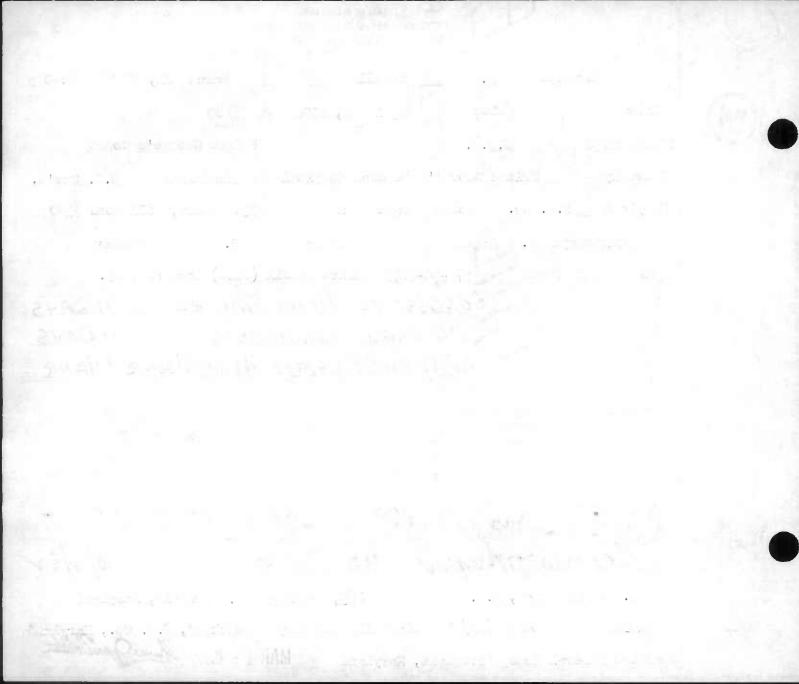
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CEKIII	ICAIE OF DEATH	REG.	NO		
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
[178]	E OR PRINT) Charle	es A.		Cabe	וו	March	7.7	1982	2:40 p
3. SE		4 RACE		5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Male	Whit	e	MONI LrcA		80	1100	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY	OR COUN		
	COUNTRY)	U.S.	۸	MARRIE		Prince Co	onco I	a Count	
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	Prince Ge			OF BUSINESS OF
~	heverly		CH FACILITY, GIVE STREET	etter.	and Transfer	(TYPE OF WORK FOR MOS		LIFE) INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOM			Gener	al Hospital	Agricult	ire	U.S.	Gov't.
130.	STATE 13b. CC	YTAUC	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRES			11
-	aryland P. (G. Co.	College	Park	YES NO		ry Hi	11 Road	#320
13.17	FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LA	AST
0	Courtenaye		bell		Laura	В.		Archer	
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
	No N	one	579-20-3	3173	Alice Cabell	. (Wife) Sa	me as	# 13.	
	18 CAUSE OF DEATH (Ente	only ane couse per	e far (a), (b), one	lici	. 11	×		APPRO. BETWEEN	XIMATE INTERVAL
			ONGES	STIV	E HEART	1-AILUR	E	11	DAYS
	UINA	DUE TO O	BAS A CONSEQUE	NCE OF					10
	Conditions, if any which	(CORON	ARI	1 THROMA	10515		1111	DAVS
	gave rise to immediate			,.	THE				47
	underlying cause last.	DUE TO, O	RATADINFERUE	SE OF	SCIE POTIN	HEIST	ACEA	CE IV	FUA
	DARKS OTHER SIGNATION	(c)	17/012			TEMEL	OI JES	2011	-7416
Z	PART 2 OTHER SIGNIFICAN	NI CONDITIONS CO	DATRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	SIVEN IN PART 1	a
ATIC	10- DATE OF ODERATION	101 0010	TION FOR WUICH	ODERATIO	AL WAS DEDUCED.	Tan	100 IF 1	/55 11/505 511 lo	
FIC	198 DATE OF OPERATION	170. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	ZUa AUTOPSY?	IN CER	TIFYING CAUSE	NGS USED S OF DEATH?
RTI								- Instant	NO 🗆
		110110		Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 11	8 PART I OR PART 2)	
CAI	The second second		M.	19					
(ED)	21d. INJURY OCCURRED	21e PLACE	OF INJURY	Dan 616 1	211 LOCATION	CITY OR	IOWN	COUNTY	STATE
>	AT WORK NOT WHILE AT WORK	(ATTIONE ST	ELT. PACTONT, OFFICE, PA	am erc i				~	/
	220 1 certify that (I) (this ho	ispital) oftended th	e deceased fram_	NAIV	1 19 82	_, to	2. //	19 8 7	that (I) (los
18 CAUSE OF DEATH (Enter only one couse per late for io), this indicate PART I DEATH WAS CAUSED BY: DATE OF DEATH (Enter only one couse per late for io), this indicate PART I DEATH WAS CAUSED BY: DATE OF OREAS A CONSEQUENCE OF CONDITIONS, it only, which gove rise to immediate couse (io), stating the underlying couse lost. DUE TO, OR AND PRESUDENCE OF COLDENOTIC HEADT SEASE VEX. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY? 20th If YES, WERE FINDINGS UNCERTIFYING CAUSES OF DI NO. VES. NO. VES		causes stated							
		view the bady	after death		DEGREE			22c DATE	SIGNED
	LLO IMALI	(Done)	11000 /	A				2/	16/0.
	TH PHYSICIAN'S NAME IT	THE PROPERTY OF THE PARTY OF TH	nacer			DIRECTOR PHYS	ICIAN [_]	10/	MOV
			0		III. ADDRESS				,
).		14637 Eastern	Ave. Avon	dale,	Marylar	nd
23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY			COUNTY	STATE
		March/	15/82 Ce	dar H	ill Cemetery		. P.G		Jarvl and
24. Ft				ETTE			R 25 GI	STRAKDSIGNA	Martha
Cha		Home R	iverdale.	Marv	land MA	R 1 b 198/	Mas	W. Janes	
	20 000			a more of the					

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the furnitarial should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or ather traumatic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows any

retained by the haspital or attending physician.

BP.

DHMH-1650M 1/B) 6633

		TA	TE (OF M	ARYL	.AND	
DEPART	MENT	OF	HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTI	FIC	ATE	OF	DEATH	

8 2 0 7 7 7 0

	REGISTRAR			CERTIFICATE OF DEATH	REG. NO	0.	
	CEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2h HOUR
11111	OR PRINT)	EDITH	E.	CAFFREY		3/26/82	6:45A M
3 SE	X		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		
	emale	THE PROPERTY.	Caucasian	Oct. 2, 1917	64	YRS.	S HOURS MIN.
	ashing	ton, DC	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED MODED MODEL MODE	PRINCE GEO	RGE'S COUNT	
Ŗ.	CLINTON	x = 0	11. NAME OF HOSPITAL, MURSING IF NOT IN SUCH FACILITY, GIVESTRET A SOUTHERN MARYLAN	D HOBPITAL	12a USUAL OCCUPATION		of BUSINESS OR Poli
13a S 14 F/	AL RESIDENCE STATE ryland ATHER'S NAME EIRST ernard	r. (eo. Marlow He	ightsyes & NO [130. STREET ADDRESS 4326 23r AME Lightfoot		LAST
	NO OR UNKNOW	DEATH (Enter on ATH WAS CAUSE	WAR OR DATES) 579-20	-2372 Patricia	a Fleming	Waldorf.	n Ave. D OXUMATE INTERVAL EN ONSET AND DEATH
	Conditions, i gove rise to couse (o), underlying	stoting the	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c)		/		
TION	/	Hechoh	Sm	EATH BUT NOT RELATED TO THE TER/		1.5	
CERTIFICATION	19a DATE OF C	PERATION	19b. CONDITION FOR WHICH (20a AUTOPSY? YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	ES OF DEATH?
MEDICAL CE		AS UNDERLYING C G CAUSE OF DEA FY MEDICAL EXAMINER		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	,
MEDI	21d. INJURY OF	CCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
				14119	2/2	£ 73	

220.1 certify that (1) (this haspital) attended the sow the deceased alive on 3/25/2000 obave, (1) (we) (did) (did not wisy the body after death 22b. SIGNAMIR

FOR

at ance

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DEFICION PHYSICIAN DE P

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATH SIGNED

Steinberg M.D.

230 BURIAL, CREMATION, REMOVAL BUTIAL 231. NAME OF CEMETERY OR CREMATORY March 29,1982 Ft. Lincoln

23d. LOCATION Brentwood, Pr. Geo. MD

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR Lee Funeral Home, Inc.
Old Alexander Ferry Rd., Clinton, MD 24 FUNERAL DIRECTOR

THE MAN TIME TO STORE STORE STORE The Court of the C The secious of the second of t A Carte of the control of the contro The I the following Lines & Blanks The state of the s REGION STORMS THE PROPERTY OF SECURITY OF

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

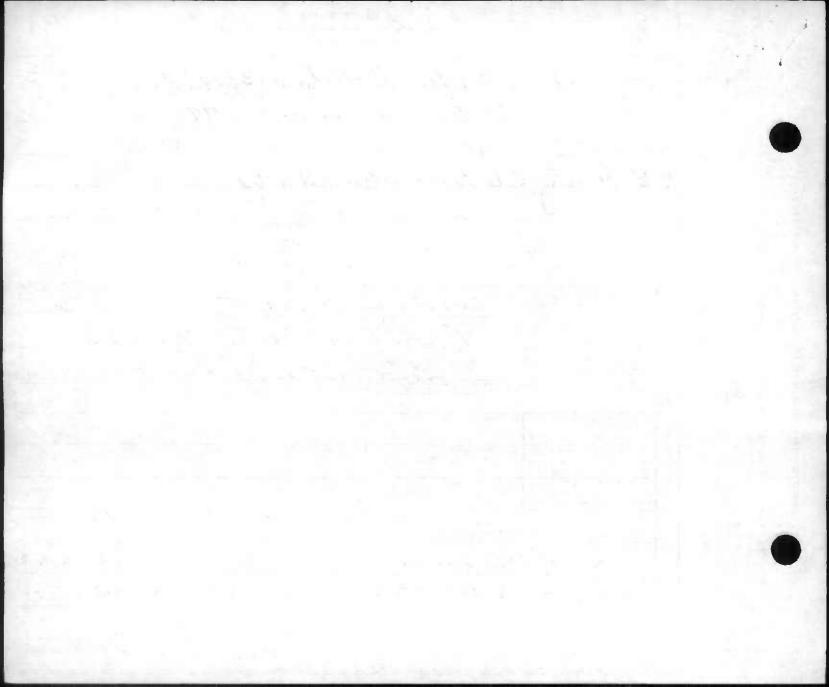
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En	U	1	13	1	

1		REGISTRAR				CERTIF	ICATE OF DEAT	TH	R	EG. NO.		
1	I DEC	EASED NAME	1901		MIDDLE	n	AST A		20 DATE OF DE	HTHOM HTA	DAY YEAR	26 HOUR
	0	Itiphe	n)	7	ade	C	alloho	Exc)	3/28	182		8 P
	3. SE)	11.1.	1	RACE -	1:4	5. DATE C		YEAR	6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YEAR	
	70 RII	RTHPLACE ISTATE OR	FOREICNI	1 CITIZENI OF	WHAT COUNTRY	3	14 0	23	9 BALTIMOPE	YR:	S TY OF DEATH	
17	2	ONTRY)	Y /1	I CITIZEN OF	/ < A	MARRIE	D NEVER MARE			_		
4	18, CI	CONTRACTOR AND	ATH.	11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INSTITUT	ION	12a USUAL OCC		126 KIND	OF BUSINESS OF
D	R	est xxx very	VXXXX	NOT IN SUC	H FACULTY, GIVE STRE	ADDRESS)	Lacent	71		MOST OF WORKING	G LIFE) INDUSTRY	S. GOVT.
	USU/ Tale, S	L RESIDENCE (# NU	TUNG POWER	THE INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CITY L	IAAITS2	13e. STREET ADD			3.000
7			0			GTON.D					STREET.	N.E.
10	14.FA	THER'S NAME		mout	LAST		15 MOTHER'S MA	IDEN NAM		DDLE		AST
4		STEPHEN	/ B.		CALLAHAN			LEN		HAN	ICOCK	
3		(AS DECEASED EVEI ES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC	JURITY NO.	NICHOL		THER ALLAHAN	DOVE	ROYAL GI	RANTOWAY
		18 CAUSE OF DEA PART I. DEATH	TH (Enter onloy	y one couse per	line for (a), (b),	ydic .	An		+		APPRO BETWEEN	XIMATE INTERVAL
		11		CAUSE (o)	2000	race	- // 1	re	7()		51	nobelen
		4100		DUE TO, O	R AS A CONSEQ	UENCE OF	200	10	1.	Mar	a did	
		Conditions, if on gove rise to in couse to state	mediote	(b)_	0	MX		7-00	1	The	Phierran	_
		underlying cous		DUE TO, O	NA THE	MELLEN T	125	3.1	trele	END -	oller	alic
		PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN PART I	(01
	TION											
9	CERTIFICATION	190. DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	YES NO		YES, WERE FIND. RTIFYING CAUSE YES [
6		710. ACCIDENT WAS UP		216. TIME C	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM	18, PART 1 OR PART 2)	
7	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P.	М.	19						
	MED	WHILE NOT		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET		cin	ORTOWN	COUNTY	STATE
		AT WORK NOT AT W	ORK -	-1) = **o = do d *h	o doesered form	61	19	. 70	2	10 57	10 7	Ab a A (I) (ava) las
		sow the deceo	sed olive on_	7/20	7 / 19	7	ed that in (my) (our) opinion d	eoth occurred or	the date and	hour and from the	, that (I) (we) lose couses stated
		226. SIGNATURE	(did) (did not	7	otter death.		DEGREE			14.77	22c. DAT	ESIGNED
		K	./10	22/0	com .	no		NDING SICIAN []	MEDICAL DIRECTOR	STAFF PHYSICIAN [13/	7/195
1		224 PHYSICIAN'S N	AME (TYPE OR	PRINT)	4071	4	22e ADDRESS		200			
		155.	217	IV	05/10	HIV	42:	35	18	one	- Mel	20431
	23a B	URIAL, CREMATION PECIFY)	, REMOVAL	23h DATE			EMETERY OR CREM		23d. LOCATIO	VN	COUNTY	STATE
	24 51	BURIAL DIRECTOR	ero 11:-		0/82	MT. 0	LIVET CEN	LETER!	Y WASHIN	GTON, 1	STRAR 6 STENA	Tuel
	24: FU	NAME		IS J. C	- 110 000	NC NO	20001	A.	R 5	182	and a	
		500 UNIV	. DLVV.	, W., SIL	VEK SYKI	NO, MU.	20701				100	

DHMH - 16 50M 1/76 (VR A 15 (4))

HOSPITAL OR ATTENDING PHYSICIAN: The lo

retained by the hospital ar attending



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ond 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cashould be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or ather traumatic event, the medical

death. Poge 4 may be

executed within 24 haurs ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physicion. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR				CLAIII	ICAIL	DEATH	REC	3. NO.			
	CEASED NAME	FIRST	No.	MIDDLE	- 1	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26. HOUR P
		ARTHUR		В.	CAMPB		JR.		03	25	82	9:35 _M
3 SE			RACE		5. DATE C		WEAD	& AGE (IN YEARS LA	T BIRTHOAY)	4F U	INOER I YEAR	IF UNDER 24 HRS
	Male		Caucas		Mar		1922	60		RS.		HOURS MIN.
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10 C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER II	NSTITUTION	120 USUAL OCCU	ATION		126 KIND O	F BUSINESS OR
	CHEVERLY			GEORGE		RAL H	OSPITAL	Engine	r- F	i.R.	- CO	nrail
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()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR OATES)	577-26	-9278	Ma	ry V.Ca	mpbell .	- abc	ove	addr	033
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CER	210. ACCIDENT WAS UND	ERLYING	216. TIME O			21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	A 18 PART I	OR PART 2)	
AL	OR CONTRIBUTING C		HOUR A.		DAY YEAR	1						
olo.	21d. INJURY OCCURR		21a PLACE (19	21f. LOCA	TION					
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	sow the decease	d plive on	2/7	2 5 19		d that in in	53	death accurred on th				
133	obove (1) (we) (d	lid) (did not)	view the body	after death.		DEGREE						
17.5	//0	/	/ 1			NO NEE	ATTENDING	MEDICAL	STAFF		22c. DATES	SIGNED
1	/cvu	1	ma	un	-	ردار		DIRECTOR PH	ISICIAN [1/20	0/87
	22d PHYSICIAN'S NA	ME (TYPE OR P	RINT)			22e ADDR	RESS					
			YM.			142	DE ALTO					
	URIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY C	R CREMATORY	23d LOCATION				
1	Buria	1	3/29/	1982	Ft.Li	ncol	n Cem.	Bren			r.Ge	o. Md.
24 FL	INERAL DIRECTON &	Tler	e P H	TVI+				E REC'D. BY REGISTI				
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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ANTARY CANNAL TA TRING RECRETS CONTACT CENTRALY PRINCE GENERAL REPRESAL FORHERS AND THE REPORT OF THE PRINCES Mi. Theo. Distance x x . . . Competition of the Server Electric Electric Company .23

Ours ofter death. Page 4	offer death.	IRE, MARYLAND 21201 Secuted within 24 hours offer depth. Page	H	4 mov be
aours after	24 haurs after	within 24 haurs after		D at the
	24 24	within 24 h	1201	ours after

	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE 8	REG. 1	NO.	0	7	7	7
FIRST	MIDDLE	LAST	20. DATE OF	DEATH	MONTH	DAY	Y Y	EAR	2b. HOUR

I. DECEASED NAME (TYPE OR PRINT) filled in by the funeral director, page 3 auuld be filed within 72 haufs offer death JAMES Mathew 28 198210.45 AM CAMPBELL CEANDONNO 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAY YEAR MALE BLACK 58 10 01 23 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S. of A. Virginia OBOR98 WIDOWED 10 CITY, OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY.
Plant Superintendent U.S. Gov't never Maryland Georges and 2 sh 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mathew James Campbell Edith Bryant Campbell 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS brother 225-28-7433 David T. Campbell Rt. 2, Box 130 Leesburg, ves 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARNOGENIC SHOCK IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF CUTE RESPIRATORY FAILURE Conditions, if ony, which att gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. POLY MYOSITIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o ā CERTIFICATION and Mental Hygiene prior 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per arked ar Hem 18 shaws NO YES burial-transit certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE far use as t of Health a 220.1 certify that (I) (the hospital) attended the deceased from FUNERAL DIRECTOR: If them 21 is sow the deceased alive on 3 27 above, (I) (ve) (did) (did no) view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated should be detached with the State Dept. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS P65# PAS1 DEEPAK 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Buraal

DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERAL DIRECTOR

FOR - STATE REGISTRAR

22075 Loudoun Funeral Chapel P.O. Box 1316 Leesburg.

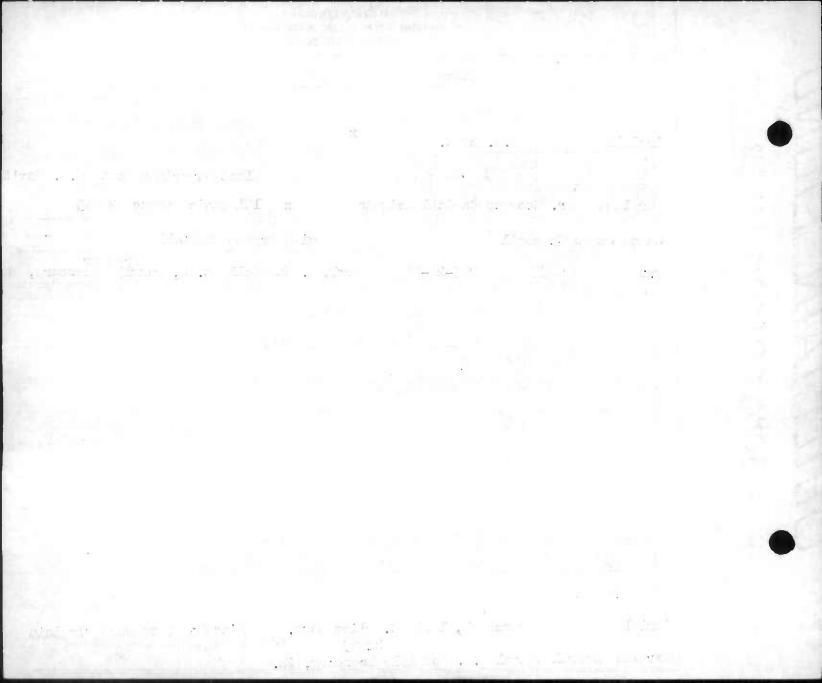
1982 Mt. Olive Ceme. AD

Lincoln

NO

STATE

Loudoun 25 DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RECESARY, EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENDIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNE MEDICAL EXAMINER A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR YOUR TOF PUNERAL DIRECTOR: PAGE 3 SHOULD BE STEED AS BURIAL: TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. WITHIN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W PRESTON BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISION OF VITA	RE THIS CERTIFICATE SHOWN TRE, WRITING THE WORD DRWARDED TO THE CHIE REPORTS SHOULD BE USED THE DEPARTMENT OF THE DEPART
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1D.	CITY	OR TOWN	OF DEATH			JRSING HOME,	OR OTH	ER INSTITU	TION	12a USUA	AL OCCUPA	TION (TYPE	OF WORK	12bUK Ih	D OF BU	JSINESS
	Ch	everly			George	's Gener	ral	Hospi	tal	Sup	ervis	or Or				
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1	E	XAMINER'S	NAME I	Augusto R	odrigu	lez, M.D.		ADDRESS 5	009	Raybu	rn Ct	., Ca	mp S	prin	hs,	Md.
230			ION, REMOVAL	235 DATE	1234	NAME OF CEME			DRY	123d. LOC	ATION					
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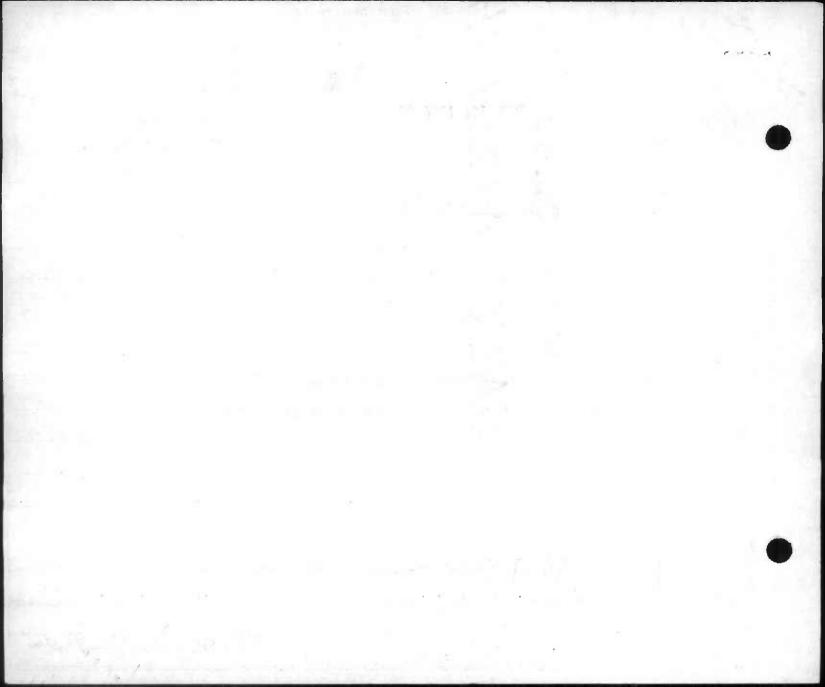
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STATE OF MARYLAND

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STATE OF MARYLAND

1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. N	0 /	111
	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	7h HOUR
	Baby Coir	2L Cha	mberlain	MARCH	1,1982	12 PM
3 SE	X 4	RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY IF UNDER 1 YE.	
	Female	White mas			YRS	20
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV	IED NEVER MARRIED X	PRINCE	COUNTY OF DEATH	/
	Chinton 13	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	LENTER	12ª USUAL OCCUPATI		O OF BUSINESS OR
	AL RESIDENCE HENURSING HOME OR OTHER	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INC. CITY OR TOWN INC. CITY OF TOWN		De STREET ADDRESS	tomac Aux	2
+	ather's name lobert Kenyon	J Champelain	Name L	MIDDLE	accaro.	LAST
	WAS DECEASED EVER IN U.S. ARME (YES. NO OR UNKNOWN) (IF YES. GIVE W	ED FORCES? 166 SOCIAL SECURITY NO.	x holak 3	En On I	SS	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE C	0/000	ahrity	>	APPR 8ETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, If ony, which	DUE TO, OR AS A CONSEQUENCE OF	he lubor			
	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	when wohine	a nembro	ans	
NO	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> bu	IT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY? YES ■ NO□	20b. IF YES, WERE FINITING CAUS	
CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	22a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	ottended the deceased from MARCI NAPCH 19 82	ond that in (my) (our) opinion	to MARCH death occurred on the de	19 8.2 ste and hour and from the	_, that (I) (we) last he causes stated
	226 SIGNATURE Ru	an is	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	c	TE SIGNED

BP.

OR ATTENDING PHYSICIAN: The low

O HOSPITAL

etained by the hospital or attending physicio

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direction should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages I and 2 shauld be filed within 72 hours allow the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.

injury, or ather traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws any

230 BURIAL, CREMATION, REMOVAL

30.MD 23c. NAME OF CEMETER

22e ADDRESS

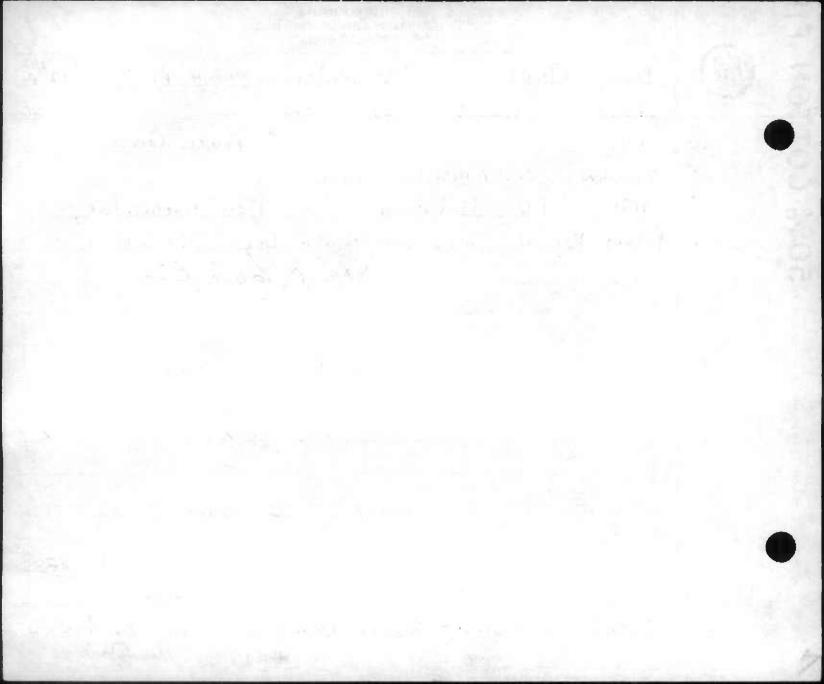
3-1-82.

CKEHATIO 24 FUNERAL DIRECTOR NAME

224 PHYSICIAN'S NAME (TYPE OR PRINT)

ADDRESS

250 BATE REC'D. BY REGISTRAR 256 REGISTRAL SIGN OF MAR 1 7 1997



0	death. Fagn	unerol giner hin 72 hour
	n 24 haurs ofter	filled in by the hould be filed with
DATION OF WITH RECORDS, ACT WITHOUT ST., DATINGORE, MAN LEAVE LINE	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fager retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 feeting with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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20, 10	quires that the d	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicis should be detached for use as the burial-transit permit. Then please remove corbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	AN: The low rec	ficote has been transit permit. T il Mygiene prior t
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	R. After this cert use as the burial lealth and Menta
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IMPORTANT: If Item 21 is marked or Item 18 shows ony

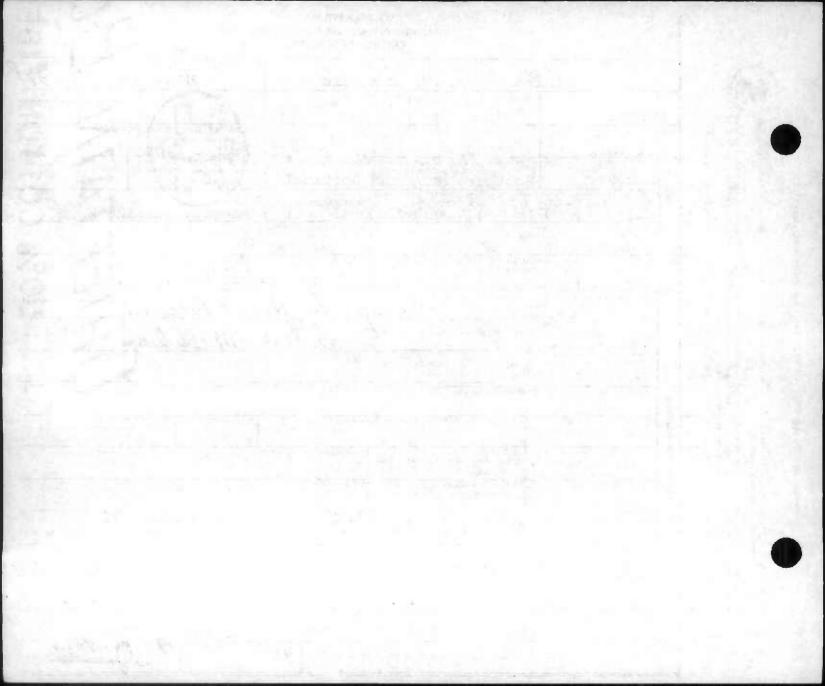
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	STATE REGISTRAR				CERTIF	CATE OF DEAT	Н		REG. NO	D.				
	CEASED NAME	FIRST		MIDDLE	L/	AST		20. DATE OF		MONTH	DAY	YEAR	2b. HOU	IR .
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3. SE)	X	1	4. RACE		5. DATE O		EAR	6. AGE INY	EARS LAST BIRT	THDAY)	MONTH	DER I YEAR	IF UNDER	24 HRS MIN.
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	lew York			SA	WIDOWE	The state of the s			nce (ge '	S		MD.
10, CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NUR		R OTHER INSTITUTI	ON	120 USUAL				L KIND O	F BUSINE	SS OR
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	AL RESIDENCE (IF NURS	13b. COUN		13t. CITY OR TO		13d INSIDE CITY LIA	MITS?	13e. STREET	ADDRESS					
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I4 FA	THER'S NAME		MDDLE	LAST	LEE III	15. MOTHER'S MAI	DENNAM	ΛĒ	MIDDLE					
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	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SI	CURITY NO.	17. INFORMANT		Ft.	Wasi	iina	ton	. Mo	a.	100
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	18 CAUSE OF DEAT	H (Enter only	v one couse per			0-4	1					APPROXI	MATE INTER	DEATH
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CERTIFICATION														
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TIF								YES 🗌	NO		YES 🗌		NO [
CE	210. ACCIDENT WAS UNI		216. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURR	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 1	B PART 1 O	R PART 2)		
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MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			CITY OR TO			OUNTY		TATE
×	WHILE NOT WE	TILE [I AT HOME, STE	REET, FACTORY, OFFI	CE, FARM, ETC)	STREET			CITY OR TO	WN	CC	JUNIT	5	IAIE
			all attended th	o docomed for	10-12/	950/ 10		. n	100	2-7	10.16	2012	Ab=A (1) (s	ue) less
	220.1 certify that (1) sow the decease			22, 10		d that in (my) (our)	opinion d	enth occurre	d on the dr	ate and hi	nur and		that (1) (v	
	above, (I) (we) (a 22b. SIGNATURE	did) (did not	view the body	ofter death.					o on the oc					7160
	ZZO. SIGNATURE	-	7/	1		DEGREE	DING	A MEDIC AL	STAR	F		2c. DATE		7000
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								Mar	24	1982			
	22d PHISICIAN'S N.	AME' (TYPE OR	PRINT			22e ADDRESS	^							
	J osep	h H.	Thiba	deau,	M.D.	3112 A	laba	ma Av	7e.,	Was	h.,	D.	C.	
23e. B	URIAL CREMATION		23b. DATE	2	3c. NAME OF C	EMETERY OR CREM	ATORY	23d. LOC						
	Burial		3-25-	82 A	rlingt	on Nati	onal	L Ar	lingt	on.	17 1.1	rair	2.0	TATE
24. FL	INFRAI DIRECTOR	1						REC'D. BY R				Glüesen	Stine &	
	NAME F	Robt 1				Suitland	MAR		385	100	U	Sheal	43 (6)	
R	uneral H	lome.	Rd.	, Suit	Land,	Ma.	4411 61 /	-31	10 ~	- 15	- Oi	The same	1000	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haif the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If Item 21 is morked or Item 18

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCLENE

- STATE REGISTRAR		DEI ARTI	CERTII	FICATE OF	DEATH	JILINE	REG. NO	D.				
DECEASED NAME FIRST	٨	NIDDLE		LAST		2a DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
NAON	T	E.		CHILD	S			3	23	82	1.100	M
SEX	4 RACE		5 DATE	OF BIRTH		6 AGE (IN YE	ARS LAST BIRT	HDAY)		DERIYEAR	IF UNDER 24	HRS
Female	Bla	ck	11	5 DAY	1930	51		YRS	MONIH	DAYS	HOURS A	AIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVE	R MARRIED	9 BALTIMO						
aryland	U.S.A	A.	WIDOW		DIVORCED	Prin	ce G	eorg	ges	Cou	nty	MD.
CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN		OR OTHER IN	ISTITUTION	120 USUAL C					F BUSINESS	-
Clinton	South			d Hos	nital	Dietic		WORKING			are Ce	nt.e
DUAL RESIDENCE (IF NURSING HORE a. STATE 135 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						100	ay oc	110 00	1100
D.C.	JUNIT	Washingt		YES X	CITY LIMITS?	13e STREET A		220 0	14 (C Tr	4101	
FATHER'S NAME		8			R'S MAIDEN NA	1 810 B	errev	ue .	160	D.D.	#F1U4	
Austin	MIDDLE	Dimmie	9		Ida		MIDDLE			Kai	ine	
WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17. INFORA	MANT		ADDRE				~ **	100
NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	579-42-9	9938	Jame	s Childs	8	810 Wash	BeTT	.evu	e St.	S.E.	**
gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR	Come	20	2 Co	lon /	Segni AINAL DISEASE	OR CONE)	SIVEN IN	N PART 110		
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	./	IN CER	TIFYING		NGS USED OF DEATH?	
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER NOTHEY MEDICAL EXAMINER) P.M.			AY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NAT	URE OF INJUR	1	YES	OR PART 2)	NO 🗌	
21d INJURY OCCURRED	21e. PLACE C			211 LOCAT			CITY OR TOV	A/b.1		OUNTY	STATI	
WHILE NOT WHILE AT WORK	TAT HOME STRE	ET, FACTORY, OFFICE, F	ARM, ETC.)	1			CITTORTO	410		OUNTY	21811	
22a I certify that (I) (this has saw the deceased alive obeye, (I) (well (did) (did)	on 3/22	19_	82/	2.8/ nd that in (m		deoth occurred	3/2	3/ te find h	., 19	()	that (1) (we)	
22b. SIGNATURE	N	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF	F IAN 🗌	2	22c. DATE	SIGNED 14-8	2		
224 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e ADDRI									
Laxmi N. Be		9131	Piscata	wav Rd	. C7	into	n M	[amr]	and			

Lincoln Memorial

DHMH - 16 50M 1/81 (VRA 15, 4)

3/27/82 74 FUNERAL DIRECTOR Rollins Funeral Home, Inc. 4339 Hunt Pl. N.E., Washington, D.C.

23a. BURIAL, CREMATION, REMOVAL

Burial

234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Suitland Prince Georges

256. DATE REC'D. BY REGISTRAP 256. REGISTRAP'S SIG MAR 26 1982 MD

For the second second Charles and the same SECTION AND ADDRESS OF THE PARTY AND ADDRESS O requires that the death certificate be executed within 24

O HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIF	FICATE OF DEATH	REG.	NO.						
1. DECEASED NAME FIRST	MIDDLE	8 7 9 7 12	LAST	20. DATE OF DEATH	MONTH I	DAY YEAR	2b HOUR				
COS	F.	CHR	ISTOPHER		03-31	1-82	12:55PM				
3 SEX	4 RACE	5. DATE O		6. AGE IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS				
Male	white	Oct.		82x 83	YRS.	MONTHS DATS	HOURS MIN.				
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE	D NEVERMARRIED	9. BALTIMORE CITY	_						
Greece 10. CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL	WIDOWI			CE GEOR		MD				
CHEVERLY	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	RAL HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Baker Ret	OF WORKING LIFE		F BUSINESS OR				
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland Prin	OR OTHER INSTITUTION GIVE RESID	OR TOWN	13d. INSIDE CITY LIMITS? YES TO [13e STREET ADDRESS 4304 Rhod							
14 FATHER'S NAME	XXX	LAST	15 MOTHER'S MAIDEN NA	ME		LAS	. T				
Paniota Chr	istopher 🗱	RKHAWAX	Star			Nelisa	res				
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	P ^D D	OSS Box	3777,					
	NO 578-	-64-6821	Mr. Lou Nicho	1s-Atty-Ge	orgetor	wn Stat	ion, DC				
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS			ADENOCARCIA	VOMA OF P	ROSTAT	E APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH				
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.)		NOMA OF P								
PART 2. OTHER SIGNIFICANT ATHEROSCL	CONDITIONS CONTRIBUTERATION HE	ART DISIE	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	EN IN PART 11	S				
ATHEROSCL 1190. DATE OF OPERATION NA 210. ACCIDENT WAS UNDERLYING		R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES					
00 000 000 000 000 000 000			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM IB, PA	ART I OR PART 2)					
OKCONINIBUTING CAUSE OF E	21e. PLACE OF INJUR (AT HOME STREET, FACTO		21f LOCATION STREET	A CITY OR 1	OWN	COUNTY	STATE				
saw the deceased alive of above, (I) (we) (did) (did)	22a.1 certify that (1) (this hospital) attended the deceased fram 03 - 15-, 19 82, to 3 3 1, 19 82, that (1) (we) last saw the deceased alive an 03 - 3 - 19 82 and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated above. (1) (we) (did) (did not) view the body after death.										
22b. SIGNATURE	lap.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR ☐ PHYS	AFF ICIAN 🗌	3/ DATE	31/82				
SHRINIVAS	R. UDAPI		6490 LAND	OVER Rd .	LANDS	NER N	w, 2078				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumotic event, the medical

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 4-2-1982

FOR

page 3

23c. NAME OF CEMETERY OR CREMATORY

Silver Spring Montgomery Md.

Gate of Heaven Cemetery Hines/Rinaldi Funeral Home Silver Spring, Md.

250 APEREC'P. BY REGISTRATIZE AEGISTRATIC

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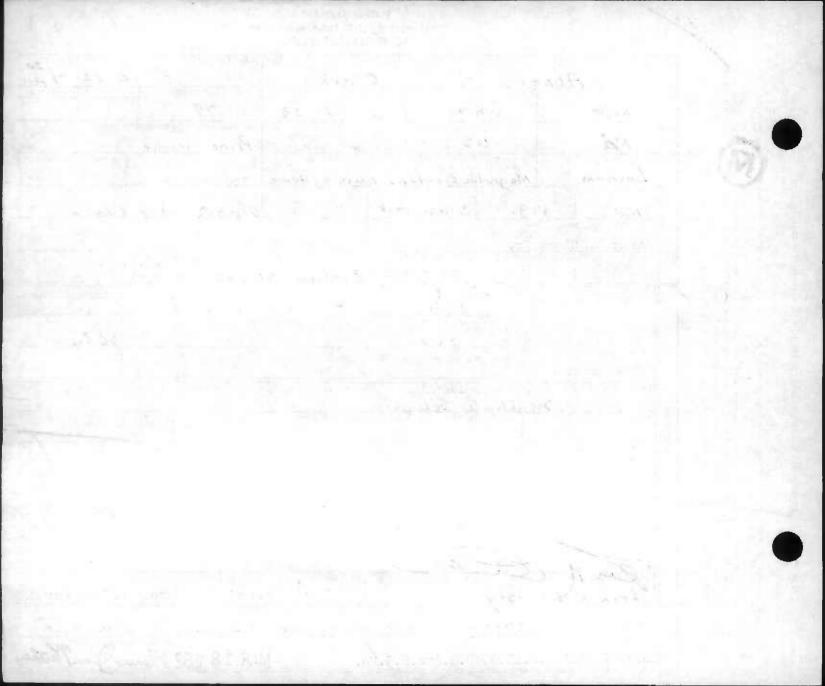
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauri- retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

BP______ DHMH - 16 50M 1/B1 (VRA 15, 4)

Page 4 may be director, page 3 hours after death

,	1			STATI	OF MARYLAND	. *	J* 6	-)	(A) 1
6	1	FOR	DEPART	MENT OF H	EALTH AND MENTAL HYGI	ENE O Z	U	1 1	0 1
100	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	DEC N			
	1 DE	CEASED NAME FIRST	MIDD! F	1	AST	REG. NO	MONTH DAY	YEAR 7	b HOUR_
		OR PRINT)				W. DATE OF DEATH			120
		AbN	er s.	C	lark		3 15	5 81	TAM
	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U		F UNDER 24 HRS
		Male	white	MONTH 2	DAY YEAR 4 03	79	YRS.		HOURS MIN.
97		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
37		Ma	us	WIDOWE		Prince ge	A+ Q.e.		MD.
P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		12a USUAL OCCUPATI	ON	126. KIND OF B	
聖人		1 - 1 - 1	(IF NOT IN SUCH FACILITY, GIVE STREE		, ,	TYPE OF WORK FOR MOST O		INDUSTRY	
5/0	102.01	LANHAM	Magnolia Gard		ursing Home	Stockbrok	er		
ts 7	130.5	STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
当り			. 9. College	Park	YES X NO	610301	ober t	lace	
e	14. F.A	THER'S NAME			15. MOTHER'S MAIDEN NAM				
E		FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST	
18 See 18		Abner S. Clark			Carrie Goo	oding			
dico.		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIAL SEC	URITY NO.	17 INFORMANT 404 S	Springloch Ch	Rd.S.S.	Md.	
a l	2	None	578 01	2667B		taples (Dau			
the		IN CALISE OF DEATH (F-1	nly one couse per line for (a), (b), a		1	CPICO (Dag	1	APPROXIMA BETWEEN ON	TE INTERVAL
E		PART I. DEATH WAS CAUS	ED BY:		4			BETWEEN ON	SET AND DEATH
e v e		IMMEDIA	TE CAUSE (0) Cardia	carr	est				
ofic	-	4360	DUE TO, OR AS A CONSEQU	JENCE OF					
5		Conditions, if any, which	(b) CVA					16 hrs	
- tro		gave rise to immediate							
- P		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF					
0 70			(c)						
7,	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
Ē	ō	7	rultiple Scle	roses			- 23.55		
yno	A	190 DATE OF OPERATION	196. CONDITION FOR WHICH		N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W	ERE FINDING	SUSED
S /	Ĕ	Company of the second				YES NO	YES T	IG CAUSES OF	NO TI
of C	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	21c HOW INJURY OCCURR				
8 0		OR CONTRIBUTING CAUSE OF DE	T 1 HOUR ALL HOLITH F	DAY YEAR	THE HOTE HAJORI OCCORR	LD (ENTER NATURE OF INJUR	T IN TEM TO PART I	OR PART 21	
tem /	8	(IF EITHER NOTIEY MEDICAL EXAMINE		19					
o l	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	hav N.I	COUNTY	STATE
ed	Z	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	214651	CITIONIO	,,,,	200	31711
nor				-	57		19	53	
.5			ital) attended the deceased from.	51	19	, 10		, the	ot (I) (we) lost
21		sow the deceased alive at above, (1) (we) (did) (did no	ot) view the body ofter death.	, or	nd that in (my) (our) apinion d	leath accurred on the do	ite and hour on	d from the cou	uses stated
+e-r		72h SIGNATURE			DEGREE			22c. DATE SIC	GNED
=		Var.	100	-	ATTENDING PHYSICIANI TO	MEDICAL STAR		3-15-	1082
Ž-	1	The followers with the mind			22e ADDRESS	J DIKECTOK [] FITTSIC	IAIN L.	1 3-13-	1902
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MPORTANT: If Item 2		hear K. Le	vitsky		3408 Mt.	Rainier .	Ave, Mt	. Rain	ier,Md
<		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	I B	drial	3/17/82 F	t Line	oln Cemetery	CITY OR TOWN	-	OUNTY	STATE
		JNERAL DIRECTOR	10/1/07	C. LILIC		Brentwood REC'D. BY REGISTRAR	25h REGISTRAE	Maryl	and
/B1			H.11800 N.H.Ave				A	TO ALOK	on to
	п	ines/kinaidi f.	H.11800 N.H.Ave	S.S.M	d. W	IAR 18 1982	chance	o Jan	1 Kentry



STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages | unit 2 thinking bit filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

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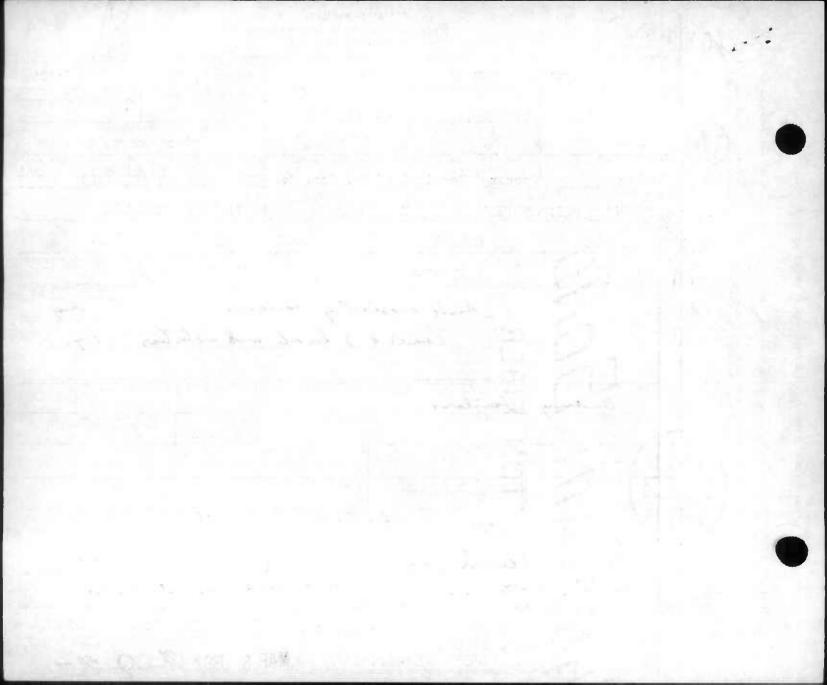
STATE OF MARYLAND						
DEPART	MENT	OF	HEALTH	AND	MENTAL	HYGIENE
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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2.	0	7	1	3	-
CERTIFICATE OF DEATH		REG. NO.					
1457	ATE OF	DE LYLL					_

SEX CAUCASTAN Dec 19 State CAUCASTAN Dec 24, 1905 Towns	1, DE	CEASED NAME FIRST ROBE	RT EDWAR		OLEMAN	MARCH 4,	MONTH DAY	YEAR 26. HOUR 8:50
BIRTHPLACE IS CITIZEN OF WHAT COUNTRY	3. SE	X	4 RACE		5. DATE OF BIRTH			UNDER 1 YEAR IF UNDER 24
SE BITHPLACE (STATE OF ORDER) SCITIZEN OF WHAT COUNTRY MARRIED WOOKED DIVORCED		MAIE	CAUCASTAN	,		7.6		THS DAYS HOURS
Prince George's Prince Geo		IRTHPLACE (STATE OR FOREIGN			0			DEATH
11. NAME OF POSSITIAL NUISSAND HOME OR OTHER INSTITUTION Lanham Doctors Hospital of Pr. Geo. Co. REFRIG AND A/C MECHANIC NET COLOR REPORT OF THE COLOR REPORT OF			UCA			Pri		
USUAL RESIDENCE (IR NUESHOLO DO DOTTON MISSION CONTRESIDENCE SET ON MASSON (IR SECONDA) (IR SECO			11. NAME OF HOSP	ITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF BUSINES
USUAL RESIDENCE IN NUMBER OF COUNTY TO NUMBER STATE TO NUMBE	T.	anham	Doctors I	Hospital	of Pr. Geo. Co			
MARY LAND PRI. GEORGES GREENBELT A FATHER'S NAME	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE R	RESIDENCE BEFORE AL	DMISSION)			
18. FATHER'S NAME	130. 3			GREENBEL	T YEXX NO T	? 13e. STREET ADDRESS	LLSIDE R	ROAD
THEODORE R. COLEMAN SLACKS WAS DECEASED EVER IN U.S. ARMED FORCES? (IP YES, GIVE WAS OR DATE) THEODORE R. COLEMAN ADDRESS 18816 BLOOMFT OINFY MD THEODORE R. COLEMAN THEODORE R. COLEMAN THEODORE R. COLEMAN IN THEODORE R. COLEMAN	14 FA				15 MOTHER'S MAIDEN	NAME		
18 CAUSE OF DEATH lenter only one couse per line for (o., th. and ic.) 17. INFORMANT SON THEODORE R. COLEMAN 18816 BLOOMFT OLINEY MD.		EDWARD	COL	LEMAN	FIRSMAR	Y E. MIDDLE	5	SLACKST
Standard	16a V	WAS DECEASED EVER IN U.S. A		SOCIAL SECURI			ESS 1001	A RIMMIETE
18 CAUSE OF DEATH Enter only one couse per line for 10 , 10 , and 10 PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE 10	()	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	578-01-2	327 THEODORE	R. COLEMAN		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate coulse (a), storting the underlying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TER		18 CAUSE OF DEATH (Enter of	only one couse per line f	or (a), (b), and (IC.			APPROXIMATE INTERVA
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211. LOCATION STREET 212. LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET COUNTY STREET CITY OR TOWN COUNTY STREET COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET COUNTY SOUNTY SOUNT		gove rise to immediate couse (a), stating the	(b)	Cta		and well	s less	٤ ٧.
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 210 INJURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from bobbye (I) (we) (did) (did not) view the bady after death 220.1 certify that (I) (this haspital) ottended the deceased from bobbye (I) (we) (did) (did not) view the bady after death 221. SIGNATURE 222. PHYSICIAN'S NAME (TYPE OF PRINT) Carlos N. Almeida, M.D. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION 237. LOCATION 237. LOCATION 238. LOCATION	N	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A	A CONSEQUEN	ICE OF			2 7.
270.1 certify that (I) (this haspital) attended the deceased from Sow the deceased olive an above (I) (we) (did) (did not) view the bady after death. 272b. SIGNATURE 272d. PHYSICIAN'S NAME (IVPE OR PRINT) Carlos N. Almeida, M.D. 273c. NAME OF CEMETERY OR CREMATORY 273c. NAME OF CEMETERY OR CREMATORY 273d. NAME OF CEMETERY OR CREMATORY	THICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUENT TO DE	ICE OF	ERMINAL DISEASE OR CON	20b. IF YES, W	VERE FINDINGS USED FIG CAUSES OF DEATH
220.1 certify that (I) (this haspital) attended the deceased from Sow the deceased alive an March 4 19 82 and that in (myl (our) apinion death occurred on the date and hour and from the causes site above (I) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/4/82 226. PHYSICIAN'S NAME (TYPE OR PRINT) Carlos N. Almeida, M.D. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT LOCALIA 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A (c) CONDITIONS CONTR 196 CONDITION 196 CONDITION ATTHEOR INJ HOUR A.M.	A CONSEQUEN BUTING TO DE FOR WHICH O	PERATION WAS PERFORMED 71c HOW INJURY OCC	ERMINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{VOK} \)	20b. IF YES, WIN CERTIFYIN	/ERE FINDINGS USED IG CAUSES OF DEATH
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Carlos N. Almeida, M.D. 7900 Old Branch Ave., Clinton, Md. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER. NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 270.1 certify that (I) (this has sow the deceased alive a above £1) (we) (did) (did)	DUE TO, OR AS A (c) CONDITIONS CONTR 196 CONDITION ATH HOUR A.M. ER) 216. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUEN IBUTING TO DE IFOR WHICH O URY MONTH DAY IJURY ACTORY, OFFICE FARI LEOSED from	PERATION WAS PERFORMED YEAR 19 211. LOCATION STREET The bar of the tin (my) (our) opin DEGREE	200 AUTOPSY? YES NOW CITY OR TO 32 to March ton death occurred on the death	20b. IF YES, WIN CERTIFYIN YES [JRY IN 11EM 18 PART DWN 19 Jate and hour an	/ERE FINDINGS USED IG CAUSES OF DEATH NO OR PART 2) COUNTY STA 82 , that (I) (we did from the couses state 27c. DATE SIGNED
		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DITER OF CONTRIBUTION CONTRIBUTI	DUE TO, OR AS . (c) CONDITIONS CONTR 19b CONDITION 19b CONDITION A.M. P.M. 21b. TIME OF INJ HOUR A.M. P.M. 21c. PLACE OF IN (AT HOME, STREET, FAR pital) offended the decomposition of the properties of the pital of the properties of the pital of	A CONSEQUEN IBUTING TO DE IFOR WHICH O URY MONTH DAY IJURY ACTORY, OFFICE FARI LEOSED from	PERATION WAS PERFORMED 710 HOW INJURY OCCUPANTS 710 PERATION WAS PERFORMED 710 PERATION STREET 710 PERATION STREET 711 PERATION STREET 712 PERFORMENTATION STREET 713 PERFORMENTATION STREET 714 PERFORMENTATION STREET 715 PERFORMENTATION STREET 716 PERFORMENTATION STREET 716 PERFORMENTATION STREET 717 PERFORMENTATION STREET 717 PERFORMENTATION STREET 718 PERFORMENTATION STREET 718 PERFORMENTATION STREET 719 PERFORMENTATION STREET 719 PERFORMENTATION STREET 719 PERFORMENTATION STREET 710 PERFORMENTATION STREET 7	200 AUTOPSY? YES NOW CITY OR TO 32 to March ton death occurred on the death	20b. IF YES, WIN CERTIFYIN YES [JRY IN 11EM 18 PART DWN 19 Jate and hour an	/ERE FINDINGS USED IG CAUSES OF DEATH NO OR PART 2) COUNTY STA 82 , that (I) (we did from the couses state 27c. DATE SIGNED
CREMATION 3/6/82 METROPOLITAN CREMATORY CITY ALEXANDRIA COUNTY VIRGIN		gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION 21b. STORM NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMIN 27c. 1 certify that (I) (this has sow the deceased alive a above (I) (we) (did) (did reconstruction). 22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR AS . (c) CONDITIONS CONTR 19b CONDITION 19b CONDITION AAH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUEN IBUTING TO DE IFOR WHICH O IURY MONTH DAY IJURY ACTORY, OFFICE FARI Geosed from 4 19 death	PERATION WAS PERFORMED YEAR 19 211 LOCATION STREET PEGREE ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPSY? YES NOW CURRED (ENTER NATURE OF INJURED) CITY OR TO MEDICAL STA	20b. IF YES, WIN CERTIFYIN YES [JRY IN 11EM 18 PART DWN 19 Jate and hour an	/CRE FINDINGS USED IG CAUSES OF DEATH NO I OR PART 2) COUNTY STA 82 that (I) (we had from the couses state 27c. DATE SIGNED 3/4/82
24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE	WEDICAL	GOVE rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 270.1 certify that (I) (this has saw the deceased alive a obove (I) (we) (did) (did r 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE CARLOS N. A	DUE TO, OR AS A (c) CONDITIONS CONTR 19b. CONDITION 19b. CONDITION 21b. TIME OF INJ HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME. STREET, FA pital) ottended the dec March March Not) view the bady after Almeida, M. 12 23b. DATE	A CONSEQUEN BEUTING TO DE TERRET HERE BURY MONTH DAY BURY BURY	PERATION WAS PERFORMED 21c HOW INJURY OCC YEAR 19 21i LOCATION STREET Feb 22 19 8 82 and that in (my) (out) opin DEGREE 7 ATTENDING PHYSICIAN 22e. ADDRESS 7900 Old F	200 AUTOPSY? YES NOW URRED (ENTER NATURE OF INJURED) (ITY OR TO MEDICAL STA DIRECTOR PHYSIC Branch Ave.,	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART OWN 4 19 J date and hour an	/CRE FINDINGS USED IG CAUSES OF DEATH NO I OR PART 2) COUNTY STA 82 that (I) (we had from the couses state 27c. DATE SIGNED 3/4/82

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



STATE OF MARYLAND

FOR 1 - STATE REGISTRAR		IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	1//84
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Chri	stina Kenner	Collier	2	26 82 7:38 R
3. SEX	4 RACE 5.	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Female		February 8,1889	93 YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Carolina	1150	MARRIED NEVER MARRIED VIDOWED X DIVORCED	Prince George	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI	RESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
Clinton	Southern Marylan		Longentie	None
13a STATE 13b COL	or other institution, give residence before addition of the control of the contro	13d. INSIDE CITY LIMITS?	6610 Edgemere	Drive
14 FATHER'S NAME FIRST Willis	MIDDLE Kenner	15. MOTHER'S MAIDEN NA Elizabet	MIDDLE	Hairston
160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY SEE WAR OR DATES) 577-68-456		6610 Edger	mere Drive
Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) CVA DUE TO, OR AS A CONSEQUENCE (c) ASHD	E OF		
	CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	ainal disease or condition (GIVEN IN PART 100
Cardiomega 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE			RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ortal) attended the deceased from 82/26 hot) view the body ofter death.	DEGREE	death occurred on the date and l	22c DATE SIGNED
22d PHYSICIAN'S NAME CTYPE	eg rala	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2.27-82
Robert Nedz			Head Highway,	Ft Washington, MD
23a. BURIAL, CREMATION, REMOVA	1 23b. DATE 23c. NAA	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
Burial 24 FUNERAL DIRECTOR ROLLI		hany Bapt Church	Clark Hill (South Carolina
NAME	ADDRESS	gton, D.C. AP	- 1000	

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

retained by the haspital ar attending physician.

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

300 8 190 S

	CEASED NAM	E FIRST		MIDDLE MIDDLE	LAST			DATE KNOWN		DAY YEA	R 2b.
	CON PARIATI	Mary	0	live	Colwell		D	OF ESTI-	□ 3	18 19 82	2
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	ARS IF UNDER 1 Y	IF UNDER		DATE	MONTH	DAY YEA	R 2d
	male	Caucasia	10 /31/1	1891 90 Y	RS.	HOOKS		DEAD	3	18 1982	2 8
F	IRTHPLACE (S DREIGN COUNTRY) ennsylv		76. CITIZEN OF WH	HAT COUNTRY?	MARRIED WIDOWED	DIVOR	RIED 📙 🙀	rince G	_		
L	anham		7603 New	PITAL, NURSING HOMI CHITY, GIVE STREET ADDRESS) burg Drive		TUTION	12a. USUAL GOR MOST	OCCUPATION (1 OF WORKING LIFE) CWITC	TYPE OF WORK	12b. KIND OF OR INDU Own	BUSIN
13a S	aryland	Princ		VE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Lanham		E CITY LIMITS?	13e. STREET. 7602	ADDRESS Newburg	g Driv	'e	
14. F	ATHER'S NAMI		MIDDLE	Turner		HER'S MAID FIRST Irtha	EN NAME	MIDDLE	Da	ugherty	7
160.	WAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURIT		RMANT		ADDRE			
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	couse (a	se to immediate) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF						
	couse (a lying coi) stating the <u>under-</u> use last.	(c)			TION GIVEN IN P.	APT 1 in:				
NO	couse (a lying coi) stating the <u>under-</u> use last.	(c)	AS A CONSEQUENCE		FION GIVEN IN P	ART 1 (a).				
IFICATION	couse (a lying cou) stating the <u>under-</u> use last.	(c)		AINAL OISEASE DR CONDI		ART 1 (a).			20 AUTOPS	
CAL CERTIFICATION	PART 2 DTHER S) stating the under- use lost. GNIFICANT CONDITIONS OF OPERATION AL CAUSE WAS	(c)	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER INJURY . MONTH DAY YEAR	RATION WAS PERFO	DRMED?		RE OF INJURY IN ITEM	18 PART 1 OR PA	YES [
MEDICAL CERTIFICATION	PART 2 DTHER S 190. DATE OF 210. EXTERNA UNDERLY INC CONTRIBUTI	OPERATION AL CAUSE WAS GOR OCCURRED	(c)	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER INJURY . MONTH DAY YEAR	RATION WAS PERFO	DRMED?	ED (ENTER NATUI	RE OF INJURY IN ITEM Y OR TOWN		YES [
	PART 2 DIHER S 190. DATE OF 210. EXTERNA UNDERLY INC CONTRIBUTI 21d INJURY (WHILE AT WORK	OPERATION AL CAUSE WAS G OR NOT WHILE AT WORK ify that I took charge	21b. TIME OF HOUR A.M. P.M. 21e PLACE C	FINJURY MONTH DAY YEAR ORY, FARM, ETC.)	RATION WAS PERFORM 21c. HOW INJU 21f. LOCATION STREET Autopsy , Dicide , Hoi	DRMED?	ED (ENTER NATUI	Y OR TOWN		YES	
MEDICAL	PART 2 DTHER S 190. DATE OF 210. EXTERNA UNDERLY INC CONTRIBUTI 21d INJURY (WHILE AT WORK 220. I certi death result	Stating the under- use lost. GHIFICANT CONDITIONS OF THE CONTROL OF THE CAUSE WAS GOOD CAUSE OF THE CONTROL OF THE CAUSE OF THE CAUSE OF THE CONTROL OF THE CAUSE OF THE CAUSE OF THE CONTROL OF THE CAUSE OF THE CA	21b. TIME OF HOUR A.M. 21e PLACE 21e PLACE 21e of the remains described all courses A.M.	BUT NOT RELATED TO THE TERM FION FOR WHICH OPER FINJURY MONTH DAY YEAR DEFINJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident . Su	RATION WAS PERFORM 21c. HOW INJU 21f. LOCATION STREET Autopsy , picide , Hotel M.D.	Inspection (SPECIFY)	CIT Undeterm	ron town requiry A, ned manner C EXAMINER Ct., C:	and in my op]. DATE SIGNE	YES DUNTY Punion 3/19	/19

DHMH-17

(VR A15 ME (5)) 15M 2/80

rive Daugherty 3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [NO X OR PART 2) my opinion OATE 3/19/1982 Springs, Md. COUNTY Pa 250. DATA PEGA BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. Chances Hyattsville, Maryland

STATE OF MARYLAND

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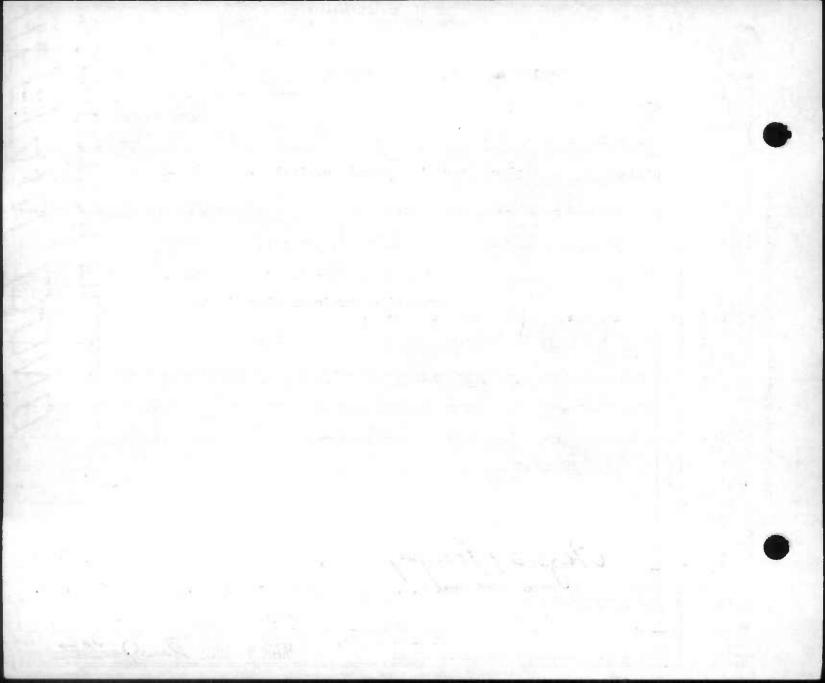
15M 2/80

FOR

	STATE OF	MARYLAND		
DEPARTME	NT OF HEALT	H AND MENTA	HYGIENE	5
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NO				

		STATE REGISTRAR		MED	DICAL EXAM	AINER'S	CERTIFICATE O	F DEATH	REG. NO.	-	0	0
1		EASED NAME OR PRINT)	E FIRST		WIDDLE		LAST	2a DATE K	NOWN X MONT	TH DAY	YEAR	2b. HOUR
			Char		R.	Comf	ort	DEATH	MATED 3	5	19 82	A
	3 SEX	4	4 RACE	5. DATE OF BIRTH		(IN YEARS IF UI	DER I YR. IF UNDER	24 HRS. 2c. DATE	MONT	H DAY	YEAR	2d. HOUR
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2		RTHPLACE (S		76. CITIZEN OF WH	IAT COUNTRY?	8 MARE	IED W NEVER MARRI	IED 9 BALTIMO	DRE CITY OR COU	NTY OF D	EATH	
2		alifo		USA			***		ce Geor	ge's		MD
	10. CIT	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING H		HER INSTITUTION	120. USUAL OCCUP			ID OF BU	ISINESS
1	Sı	itlan	1	2140 BRO			วริวแกนาสา	Group D.			GOV	
1		LRESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE A	DMISSION)				100	GOV	
3		rvlan	d Pr (George	Suitla		YES NO	13e. STREET ADDRES		1770	#222	,
-		THER'S NAM			Durcia	IIG	15. MOTHER'S MAIDE	NNAME				•
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4			D EVER IN U.S. AR	dugene	Comi		Inez 17 INFORMANT	Wife	sie	SWa	ain	-
	(YE	S, NO, OR UNKNI	OWN) (IF YES, GIVE	WAR OR DATES)	511 28					0 0 0	шпп	,
8							Joyce L.	COMITOT	Sam			
1			DF DEATH (Enter an EATH WAS CAUSE	ly ane cause per line							PROXIMATE EEN ONSET	TAND DEATH
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3	-		ins, if any, which ise to immediate	(b)								
1		cause (a lying ca) stating the <u>under-</u>	DUE TO, OR	AS A CONSEQUE	NCE OF						
7.		7,9 co	030 1031.	(c)								
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO TH	E TERMINAL OISEA	E OR CONDITION GIVEN IN PA	RT 1 (a).				
	CERTIFICATION											
	3	190. DATE OF	PERATION	196. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AL	UTOPSY?	,
	THE	COVID								Y	ES 🗌	NO G
5	ex Ex		AL CAUSE WAS	216 TIME OF			OW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)		
1		UNDERLYING	G OR ING CAUSE OF D		MONTH DAY							
	MEDICAL	21d. INJURY		21e PLACE C	FINJURY (AT HO		CATION					
	X	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY		STATE
		AT WORK	AT WORK									
1		22a. I cert		e of the remains desc	ribed abave, held	an Autar	sy . Inspection	n 💹 , Inquiry	and in my	opinian		
1		death result	ted from: Natur	al causes 🔼 ,	Accident .	Suicide	, Homicide .	Undetermined man	iner,			
		ACTUAL	A.	1 VX	04	. /	TITLE (SPECIFY)			- 2/1	- /101	0.0
4		SIGNATURE	(/sugu	JU T	onlyw	1	N.D. Deputy	MEDICAL EXAMI	NER SIG	NED	5/198	32
7		EV A AA IN IED'C	NIAME .		(//							
-5		TYPE OR PR	NT) Augus	to Rodrigo	ue z , M.D.		ADDRES 5009 Ra		, Camp Sp	rings	5, MC	1.
	23a. BU	JRIAL, CREMA	TION, REMOVAL 2	36 DATE	23c, NAME O	F CEMETERY C	OR CREMATORY	23d. LOCATION		OUNTY	ST	ATE
		remat	ion	8Mar1982	Cedar	Hill	Crematory	Y Suitla	and I	PG	M	Îd
	24. FU	NERAL DIREC	CTOR	ADDRESS	Carit In		250. DATE	REC'D. BY REGISTRAR	255 REGISTRAR	5 SIGNATU	JRE	- 1 - 5
	Rok	pert E	. Wilhe	lm Funer	cal Home	2	MAR	9 1982	frame &	anlla	Chan	



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CERTIFICATION

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of Health and Mental Hygiene

After this certificate has been

FUNERAL DIRECTOR: etained by the haspital

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ATTENDING

HOSPITAL

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STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCICHE

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- STATE REGISTRAR		DEI ARTINI		ATE OF DEATH		. NO.		• ,
1. DECEASED NAME	FIRST	AIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	rie	E.	Co	oper	1	March	1.1982	10:3QP
3. SEX	4 RACE		5. DATE OF B		6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
Female	White		Mav	19. 1911	70	YRS	MONTHS DAYS	HOURS MIN M
70 BIRTHPLACE (STATE OR FOIL	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CIT		OFDEATH	
Pennsylvani	a US	SA	WIDOWED		Prince	Georg	е	MD.
Forestvill	(IF NOT IN SUCI	H FACILITY, GIVE STREET AD		OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Secre	ATION	12b. KIND O	F BUSINESS OR
USUAL RESIDENCE (# NURSINI 130 STATE 1: Maryland 14 FATHER'S NAME	BE COUNTY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Forestvi	11e Y	INSIDE CITY LIMITS?	13e STREET ADDRES		Lace	
Thomas	MIDDLE	ova		Frances	MIDDLI	E	Scarp	asci
16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI 187 01 7	17 NO. 17	Lewis A. So	on Cooper	2362 Walde		Coach Ct
Conditions, if ony, y gove rise to imme couse (o), stofing underlying couse	DUE TO, OR which diote the lost (c)	PATONI SC AS A CONSEQUEN AS A CONSEQUEN	Orotec ICE OF	Cardy basa		rse	APPROAU BEIWEEN C	MAJE INJERVAL JUSEL AND DEATH
CARL 2 OTHER SIGNI	ICAM CONDITIONS CO	INTRIBUTING TO DE	AIH BUI NO	T RELATED TO THE TERMI	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 110	3.

190 DATE OF OPERATION

FOR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY 21c HOW INJURY OCCURRED

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

220.1 certify that (1) (this haspital) attended the deceased from

DEGREE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY

ATTENDING 22e ADDRESS

Resurrection Cem

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

NOF

STATE

John F. Shay,

236. DATE

5Mar1982

5509 Old Silver Hill Rd.Suitland, Md 23t NAME OF CEMETERY OR CREMATORY

23d LOCATION Clinton PG

BY REGISTRAS

CITY OR TOWN

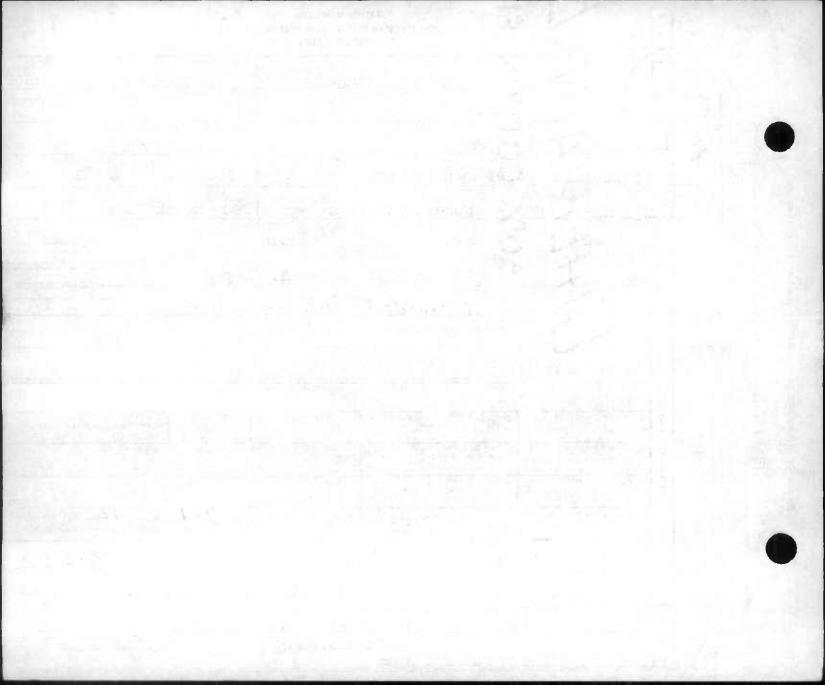
Marie

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Suitland, Md APPATE REC'D Wilhelm Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

etained by the haspital or attending physician.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	0	7	1	2	52
his	()	8	1	0	0

REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0.			
1 DECEASED NAME (TYPE OR PRINT)	GRACE	E	STELLE		CROSS	20. DATE OF DEATH	MONTH 03	24	YEAR	26 HOUR P
Female		4 RACE Whit	Э	S. DATE O	of BIRTH 5, 1891 EAR	6. AGE (IN YEARS LAST BI	_	MONT	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Maryland	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DED DIVORCED	PRINCE GE	_			Y ME
10. CITY OR TOWN OF CHEVERLY	DEATH	LIE NOT IN SU	CHEACHITY CHESTOCET	ADDRESES	RAL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Saleslad		G LIFE)	26. KIND ONDUSTRY	Public Store
USUAL RESIDENCE (IF 130. STATE Maryland	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Forestv	N	134 INSIDE CITY LIMITS?	7506 Mar	ion		reet	
14 FATHER'S NAME		MIDDLE T	De Vaugh		15. MOTHER'S MAIDEN NA/	T.			Robe	
NO WAS DECEASED E	(IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Eunice C.	7506 King-Fore	SMar stv:	rion ille	n Sti	reet .20747
Conditions, if gove rise to couse (a), sunderlying conderlying con	immediate tating the ause last.	DUE TO, CONDITIONS C	OR AS A CONSEQUE	ENCE OF	Perolic Hear		DITION (YES, WE	ERE FINDIN	4GS USED
RTIFIC						YES NO	IN CER	YES [G CAUSES	OF DEATH?
21g. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	CAUSE OF DE	SIN .	DE INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1	IB PART 1	OR PART 2)	
WHILE IN NO	OT WHILE TO WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN		COUNTY	STATE
sow the dec	ceased alive an	ital) attended the 3-24	e deceased from		nd that in (my) (aur) Opinian o	death accurred on the d		our and	d from the c	
22d PHYSICIAN'	S NAME (TYPE OF S HERNA		D D		M.D. ATTENDING PHYSICIAN CALLS ADDRESS CHEVERLY M	D 20785	IAN 🗌		3/2	थार
230 BURIAL, CREMATIO	ON, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	-	~ (0)	UNI	STATE

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the builal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to builal, cremation, ar removal.

IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical exa

DHMH - 16 50M 1/B1 (VRA 15, 4)

3/21/02 Burlal

St. Thomas Cem.

Croom 25a. DATE REC'D.

Pr.Geo s Md.

Richard A. Coleman-Upper Marlboro, Funeral Home Maryland 20772

APR 1982

make a page 5, lead STORE THE CHARLE THE CORE A WILLIAM THE STORE STORE STORE AT THE STORE S Service notices out? . I self-two-served as seed of broken Amino G. Ling-Loroctvillo, NG. 2000 The reason of the State of the same S. Bart Sant mars and sall to sall and TET/12 St. Down Con. . Connel . P. Doo's . Mar.

1-	FOR STATE REGISTRAR
1. DEC	EASED NAME
11111	HARRY

3. SEX

filed

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ve carbanpapers. Pages

other train

prior

ental Hygiene 8 or Hem CERTIFICATION

MEDICAL

offendi

After this certificate has been

MALE

14 FATHER'S NAME

GEORGE

TO BIRTHPLACE ISTATE OF FOREIGN

MARYLAND

10 CITY OR TOWN OF DEATH

ANDREWS AFB

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

	DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 🙎	0	7 /	8 9
٨	AIDDLE	1.	AST	20. DATE OF DEATH	ONIH DAY	YEAR	26 HOUR
CURTI	S SR.			MARCH 8, 19	82		5:45p M
4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
BLACK		DECEM	BER 11 1928	53	YRS	THS DAYS	HOURS MIN.
76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
UNITED	STATES	WIDOWE		PRINCE GEO	RGE'S	COUNTY	MD.
			ICAL CENTER	Tig USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Navy-retire	WORKING LIFE)	126. KIND OF	ARY
OTHER INSTITUTION ITY E GEORG	GIVE RESIDENCE BEFORE 13, CITY OR TOWN E S DIST	RICT	HIGHTS NO	13e STREET ADDRESS 7564 MILLR	IGHT S	r	
IUS C	URTIS LAST		15. MOTHER'S MAIDEN NA/ MARY GRACE	SHORTER		LAST	
MED FORCES? E WAR OR DATES) -1968	166 SOCIAL SECUI		17 INFORMANT HARRY EDWARD	CURTIS JR.		ILL M	D#38745
ly one couse per D BY: E CAUSE (o)	line for (a) (b), and			AC ARREST	1	BETWEEN O	MATE INTERVAL
DUE TO, OF	R AS A CONSEQUE	NCE OF		anarym	IAC AN	EURYSI	M
DUE TO, OR	R AS A CONSEQUE	NCE OF					
((c)							
ONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART Ita	
196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDIN	GS USED OF DEATH?

hom (D'illi Blood loss gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	20a AUT	OPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NO	YES 🗌	NO 🗌
ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19			OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE, FARM ETC.)	ZII. LOCATION STREET		CITY OR TO	WN COUNTY	STATE

220	1.1 certify that (1) (this hospital)	attended the deceased from	m MAR	7	. 19.82	to MAR 8	, 19_82, that (I) (we)	last
							nd hour and fram the couses stated	
_	abave, (II (we) (did) (did not) v	w the bady after death.						

ed 221. DATE SIGNED ATTENDING MEDICAL

Michael	Sandre	MI
PHYSICIAN'S NAME (TYP		

STAFF 8 May 82 PHYSICIAN DIRECTOR PHYSICIAN

22d. MICHAEL SANDERS, CAPT, USAF, MC 22e ADDRESS

Malcolm Grow USAF Med Cent. Camp Springs, Md.

		,
230 BURIAL, CREMATION, REMOVAL	236 DATE	23c. NA
Burial	3/12/82	Ar

AME OF CEMETERY OR CREMATORY Arlington Nat. Cem. 23d LOCATION Arlington,

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detach

*

MPORTANT

POPE 2617 Pa Ave. 5%E. 24 FUNDEROS

PRINCE GEORGE'S DISTRICT

EDWARD

CORNELIUS

18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

1946-1968

16g WAS DECEASED EVER IN U.S. ARMED FORCES?

a. and 5 6

25 PATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

oer 15m; - (42B)

TE 35 3430

and the same of the

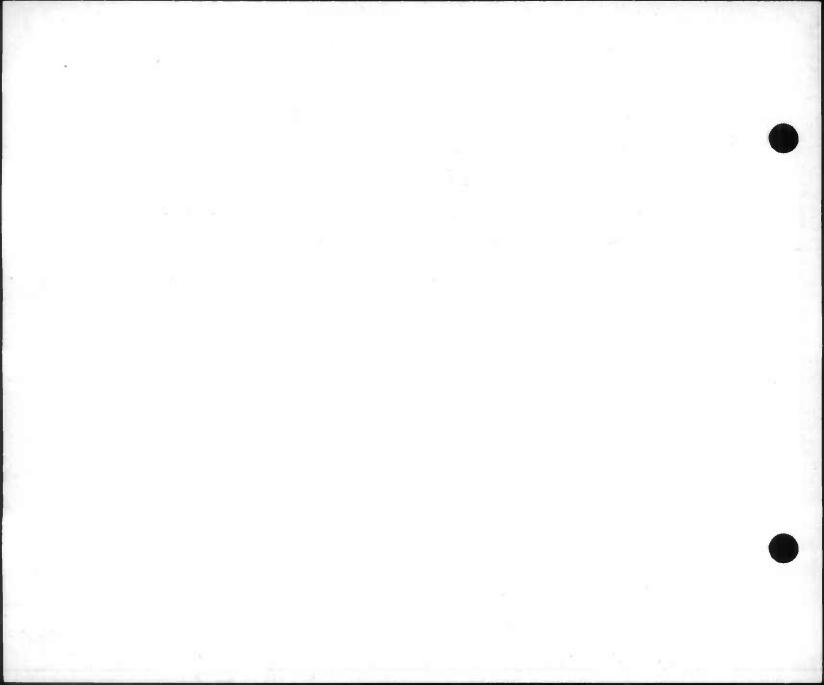
Strongers to the strongers to

ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL

4 may be

		1	FOR STATE		DEPARTN	NENT OF HEAL	MARYLAND TH AND MENTAL HYG	IENE 8 2	(07	90
			REGISTRAR			CERTIFICA	TE OF DEATH	REG. N	0.		
		I. DE	CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
may be page 3		11111	OK PRINT)	Ame	s McOulla	(130	ris		7 20	7032	245 M
y of a		3 SE	x		ACE	S DATE OF B		& AGE JIN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
0.0			m		Black	MONTH	24 03	19		MONTHS CAYS	HOURS MIN.
10.23	1		IRTHPLACE (STATE OR FO		CITIZEN OF WHAT COUNTRY?	1 77		9 BALTIMORE CITY	YRS.	OF DEATH	
9	35		Maryland		U.S.	WIDOWED		Prince			MD.
ie f	Par	10 C	ITY OR TOWN OF DEA	TH 11	NAME OF HOSPITAL, NURSIN		THER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
by #	Par Color		CLINTON	X	CLINTON CON		Ter	Farme		L) 1140031K1	
2 5 0	0	₩SU 13a	AL RESIDENCE (IF NURSI	NG HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET ADDRESS			
etely filled	BS		Maryland	-	ary's Leonard			Gen. D	el.		
rhin rely 2 sh	Je J		ATHER'S NAME				MOTHER'S MAIDEN NAM	ME			
comple l ond	/\$C		Mo act sz	MIDD	Curtis		Nettie	WIDDLE	Пhс	mas	
con		16a \	Marty WAS DECEASED EVER I	N U.S. ARMED		RITY NO. 17	INFORMANT	ADDR	ESS	Illas	
ond c	Medicol		YES, NO OR UNKNOWN	IF YES, GIVE WA	OR DATES!			N	Lia T		torra Ma
ron rs. P	the m	\vdash	NO				Mrs Mary A	agnes Cur	CIS L		
hysic	event, t		PART I. DEATH W.	Enter only o	ne cause per line for (a), (b), and		2.			BETWEEN	NATE INTERVAL
d bi	E e e		16100	IMMEDIATE C	AUSE 10) Corsthe	cc /	ruso			hard	- Comment
ndir corb	natic		4100		DUE TO OR AS A CONSEQUE	ISCE OF	100	10	1.1	1 1	1
offe ove	roun		Canditians, if any,		1022/le	4	ouch)	yours	how	1 Mer	won
a	l, cremo		gave rise to imm couse 101, stating	the 1	DUE TO, OR AS A CONSEQUE	NCE OF	1-1	1			
d by	or off		underlying couse	lost.	ICT SECTION		gustre	~			
signed hen pli	la buri	z	PART 2 OTHER SIGN	IFICANT CON	DITIONS COMPRIBUTING TO D	EATH BUT NO	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1(a	1
een ti	- ×	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR WHICH	OPERATION	AS PERFORMED	20g AUTOPSY?	T206 IF YES	S, WERE FINDIN	GSTISED
n. n. os b		FIC					TO TEM OWNED		IN CERTIF	YING CAUSES	OF DEATH?
icio:	Shows	E .	21g. ACCIDENT WAS UND	ERLYING	21b. TIME OF INJURY	121	HOW INJURY OCCURR	YES NO	1	S	но 🗆
phys ifico	ol Hygin 18 sh		OR CONTRIBUTING C		HOUR A.M. MONTH DA	Y YEAR	HOW HAJORT OCCORR	CED CENTER NATURE OF INJU	RT IN HEM 18, P	ART TOR PART 2]	
ng I	he he	ICAL	(IF EITHER, NOTIFY MEDICA		P.M.	19					
this the bie	y p	MED	214 INJURY OCCURR		21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FA		LOCATION	CITY OR TO	WN	COUNTY	STATE
te de se de	alth and marked	_	AT WORK NOT WH	K U						1.11-1	
N P N	deol is m				attended the deceased fram_	3/5	19_82	to _ 3/ 7	Р	19	hot (I) (we) lost
pito TTO for	21		saw the decease above, (I) (we) (d	d alive anid) (did nat) vi	ew the bady after death.	and th	at in (my) (aur) apinion o	death occurred on the d	ate and hav	r and fram the c	auses stated
hos	them them		226 SIGNATORE	/	7	DEG	REE			22c. DATE S	IGNED
the the letoc	T: #		1501	noto	en no		ATTENDING PHYSICIAN	MEDICAL STA		3/7	(12
LER.	AN		224 PHYSICIAN'S NA			22	ADDRESS	-62		1	
retained by the TO FUNERAL should be dete	With the Stat		HREZ/	7 1	MERLESON	9	1235 28	81 /th	- /	nd 20	431
= 5 - 2	> 5	23a	BURIAL, CREMATION, P	REMOVAL 2	3b. DATE 23c. N	AME OF CEME	TERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		L '	Burial	I	Mar.11,1982 (Charle	- MoGarder	sLeonard	cown.		Md. Md
DHMH-1	A 20M		UNERAL DIRECTOR				S TICINO BLOSH	REC'D. BY REGISTRAR	251- OF GIST	RAP & SYSMATU	of larentese
(VRA 15,		V	.Clarke	Mattir	ngley Leonard	dtown,	Maryland W	YK I I 1985	Casa	a d	NO RE



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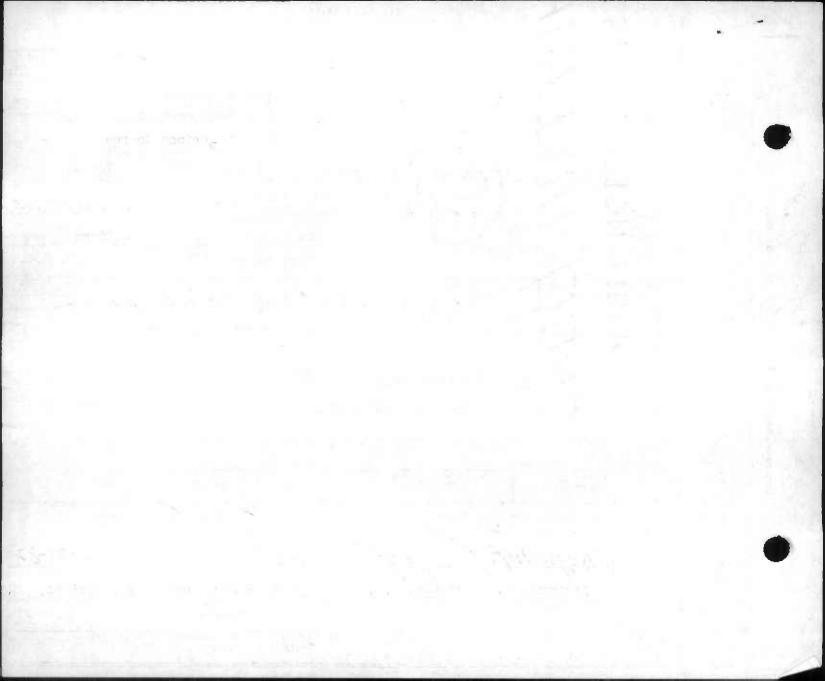
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN LAST I. DECEASED NAME 3-26-82 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's County 126. KIND OF BUSINESS OR INDUSTRY 3200-Bunker Hill Harris Rainier Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES XX NO [TIC HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Bunker Hill Rd.Mt. Rainer, Maryland and in my apinion DATE SIGNED 3-26-82 COUNTY Buria Cedar Hill Cem. Switland Geo It Rainier, Nalley's 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR

STATE OF MARYLAND

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and the state of t

	FOR STATE REGISTRAR			DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H R'S CERTIFICATE C	W Go	1192
	PE OR PRINT)		FRANCIS	MIDDLE	DAY	26. DATE KNOWN AMON	3 1 10 82 4:2
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	24 HRS. 2c DATE MONT	TH DAY YEAR 2d H
70 P	IRTHPLACE	b STATE OR	8 26	02 79 YRS.		A BALTIMORE CITY OF COL	3 1 1982 4::
	Wash.)	U.S.A.		MARRIED X NEVER MARR	ED []	
10. C	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOME, O CILITY, GIVE STREET ADDRESS) D MEMORIAL HO	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Retired	
UŠU 13a. 3			OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN WASH.	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	N.W. WASH.D
14. F	ATHER'S NAA	\E			15. MOTHER'S MAIDE	N NAME	
E	Edward		WIDDIE	Day	Minnie	MIDDLE Ber	n jiman
160.	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY N 579-26-7054	o. 17. INFORMANT LaVera Jo	ohnson 631 Kenyon	St. N.W. D.C
	PART 2 DTNER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
ATION		F OPERATION	196 CONDIT	TION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
LIFICATION			196 CONDIT	TION FOR WHICH OPERATI	ON WAS PERFORMED?		28 AUTOPSY? YES NO
CAL CERTIFICATION	190 DATE C	F OPERATION	216. TIME OF HOUR A.M	INJURY . MONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	YES NO
MEDICAL CERTIFICATION	210 EXTERNUMBERLYIN	IAL CAUSE WAS IG OR ING CAUSE OF OCCURRED	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE C	INJURY MONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	YES NO
MEDICAL CERTIFICATION	210 EXTERN UNDERLYIN CONTRIBUTE AT WORK 220. I cer deoth resu	IAL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK Infy that I took char.	216. TIME OF HOUR A.M DEATH P.M 21e PLACE C STREET, PACT	INJURY MONTH DAY YEAR 19 DF INJURY (ATHOME. 17 IORY, FARM, ETC.)	21c HOW INJURY OCCURRE 211 LOCATION STREET Autopsy	CITY OR TOWN Inquiry , ond in my Undetermined monner .	YES NC
MEDICAL	210 EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. I cer deoth resu ACTUAL SIGNATURE (TYPE OR PR	IAL CAUSE WAS IG OR ING CAUSE OF OCCURRED NOT WHILE AT WORK It that I took chart Ited from Note	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE C STREET, FACT ge of the remoins des	FINJURY MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM, ETC.) Cribed obove, held on Accident , Suicid	Autopsy . Inspection Homicide	CITY OR TOWN Inquiry , ond in my Undetermined monner .	YES NO RPART 2) COUNTY S y opinion
WEDICAL MEDICAL	210 EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 220. I cer deoth resu ACTUAL SIGNATURE (TYPE OR PR	IAL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK S NAM S NAM ATION, REMOVAL	21b. TIME OF HOUR A.M DEATH P.M 21e PLACE C STREET, FACT ge of the remoins des	INJURY MONTH DAY YEAR 19 DF INJURY (ATHOME. IORY, FARM, ETC.) cribed obove, held on Accident , Suicid	21c HOW INJURY OCCURRE 211 LOCATION STREET Autopsy Inspection be Homicide TITLE (SPECIFY) M.D. DEPUTY ADDRESS 5009 ERY OR CREMATORY [em. Cem.	Undetermined monner AMEDICAL EXAMINER DA Rayburn Court, Cam	YES NO RPART 2) COUNTY Y OPINION DE J -3/-8 TO STATE



retained by the hospital or offending physician.

should be detoched for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT, if the -- at

injury, or other troumotic event, the medico

MPORTANT: If them 21 is morked or Item 18 show

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ö	2	U	/	1	1	-

FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10.	/ .	7 3
1. DECEASED NAME FIRST (TYPE OR PRINT) Horace		t Derrick	1	LAST	2a. DATE OF DEATH	h 1.3,	1982 YEAR	26 HOUR 6 45 PM
3. SEX Male	4. RACE White		5. DATE (6 AGE (IN YEARS LAST BI		MUNDER I YEAR	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Prince G	_	OF DEATH	MD.
II. CITY OR TOWN OF DEATH Laurel		HOSPITAL, NURSING		or other institution ing Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST agent		EI INDUSTRY	of BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 13a. STATE 13b. CC		13t. CITY OR TOWN Laurel		13d INSIDE CITY LIMITS? YES MO [138 STREET ADDRESS ASCO	e t Lane	xtensi	on servi
14. FATHER'S NAME FIRST Jacob	MIDDLE Derr	ick LAST		Burnetta	ME Elizabeth	How	vard	AST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? GYE WAR OR DATES)	21.2 28 5		Horace F. De	errick Laur	8 Ceda el, Ma	rbrook	Lane 20708
18 CAUSE OF DEATH lEnter PART I. DEATH WAS CAUSED IMMED Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUEN	hco NCE OF	Penerome	nel		APPRO BETWEE	DXMATE INTERVAL NONSET AND DEATH
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 1	10
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
OR CONTRIBUTING TO CAUTE OF	DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P.	ART I OR PART 2}	
GE EITHER NOTHY MEDICAL EXAM 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
22a.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	on marc	1319 8	72.01	nd that in (my) (our) opinion	deoth occurred on the o	lote and hou	19 8 2 r and from the	, that (1) (we) last e couses stoted
22h SIGNATURE Obsprist	Shirt	Money	- "	DEGREE 742 ATTENDING PHYSICIAN [MEDICAL STA		3/1	3/82
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O HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation

March 15,1982 Westview Mem. Park

23d. LOCATION

STATE

24 FUNERAL DIRECTOR Donaldson Funeral Home, LAurel, Md Catonsville,

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ATTENDING PHYSICIAN: The

TO HOSPITAL OR ATTE

BP.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	ı	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
-		Sant		I		ncentis	3/	13/82	2:35
N	SE		4 RACE	ito	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	HOURS
7/	/	Female		ite	10	1 1901	80 YF		
71	C. C.	RTHPLACE (STATE OR FOREIGN OUNTRY) Italy	U.	WHAT COUNTRY?	MARRIE	NEVER MARRIED	Prince Geor		
9,	10 C	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	126. KIND C	F BUSINES
3/0		Mitchellville		Rosa Nur			Housewife		
35		AL RESIDENCE (# NURSING HOADTATE 136 C	NE OR OTHER INSTITUTION OUNTY P.G.	13c. CITY OR TOW Oxon H	'N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 12305 Loch C	aron Circ	ele
-	14 F/	THER'S NAME	1.00.	1 OAUII IL		15 MOTHER'S MAIDEN NA			
100		Foster	MIDDLE	Toro		Marietta	AND DIE	De Lutis	51
-		VAS DECEASED EVER IN U.S		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	Balcon -3800	T - L L - C	372 -1
100	(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	072-28-	3221	Rev. A. Dal Road Mitche	llville Md. 2	0716	MATE INTERV
any injury, or other	TION		DUE TO, C		DEATH BUT		INAL DISEASE OR CONDITION		350
show:	CERTIFICATION	190 DATE OF OPERATION	196 CONL	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	FYES, WERE FINDI RTIFYING CAUSES YES	OF DEATH
or Item 1		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	DEINJURY I.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
pa	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE		OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STA
mark		AT WORK		200 2017 22					
IMPORTANT: If Item 21 is mark	<	278.1 certify that (I) (thus he saw the deceased allowed (did) (did) 278. SIGNATURE	e on	12 198		nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the date and		

DHMH-16 25M (VRA 15, 4) 1/79

George P. Kalas Funeral Home Oxon Hill Rd.

Detery Clinton Pr. Geo. Maryland

156. DATE REC'D. BY REGISTRAY

16. D. 1 6 1982

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to	1-	FOR STATE REGISTRAR		EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL R'S CERTIFICATE	OF DEATH	07/95
M 388.		EASED NAME FIRST Willi	and the state of	scar	Dickson	20. DATE KNOWN OF ESTI- DEATH MATED	3 9 19 822:18
IS NECESSARY, ELYNERAL DIRECTOR E E FUNERAL DIRECTOR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,	7a. BI	THPLACE (STATE OR REIGN COUNTRY)	5. DATE OF BIRTH MONTH DAY Feb 3 190 7b. CITIZEN OF WHA	6. AGE (IN YEAR LAST BIRTHDAY 74 YRS	MONTHS DAYS HOURS	PRONOUNCED DEAD 9. BALTIMORE CIT	MONTH DAY YEAR 24 HOU
と言う言る フマ	10. CI	irginia IY OR TOWN OF DEATH IVerdale L RESIDENCE IN IN NURSING HOME	Leland M	enorial Hos	or other institution	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Sales Rep.	///
RE, MD. 21201 DEATH. IF AND 3 TO W PM. 3. RETAIN PA AND 2 SHOULD BE PAUTAL RECORDS.	13a. S Ma 14. FA	TATE 13b. COUP TYLAND THER'S NAME FIRST	MIDDLE	College Pa	13d. INSIDE CITY LIMITS? YES NO [15. MOTHER'S MAIL FIRST	DEN NAME MIDDLE	LAST
IRS AFTER DE SIGNE PAGE WITH FORM C. PAGES 1 AF DIVISION OF	[Y	VAS DECEASED EVER IN U.S. AR ES. NO, OR UNKNOWN) I IF YES, GIVING B-AirForce W.W	E WAR OR DATES}	Dickson 166. SOCIAL SECURITY 234-05-514		Margare ADDR	No# 13e.
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18, F. MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGENE, D AL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA Conditions, If any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	TE CAUSE OF TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUENCE O		Viscular d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TITAL RECC SHOULD BE SHOULD BE SHE ME CHIEF ME CHE ME TOF HEALT	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY? YES \(\square\) NO \(\sqrt{S} \)
CERTIFICATE STATEMENT THE WC DED TO THE E 3 SHOULD BIS DEPARTMENT THE PRIOR TO BIS	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		MONTH DAY YEAR 19 INJURY LATHOME.	21t. HOW INJURY OCCURS 21f. LOCATION STREET	RED LENTER NATURE OF INJURY IN ITEA	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGAFTER DEATH, WITH THE STATE BATIMORE, MARYLAND, 2120	-	22a I certify that I taak char		ibed abave, held an Accident . Suice	Autopsy . Inspective . Inspective . Hamicide . Inspective	Undetermined manner MEDICAL EXAMINER Royfum Ch. L	DATE 3-9-87. DATE SIGNED 3-9-87. DELICATION OF SIGNED AND STREET, DECOR.
Bb	[5	URIAL, CREMATION, REMOVAL Burial UNERAL DIRECTOR	23b. DATE 3-12-82		11 Cemetery 1250. DATE	23d LOCATION CITYORTOWN Covington REC'D. BY REGISTRAR 126. R	COUNTY STATE Allegheny Va. EGISPAR'S SIONATHER
DHMH - 17 (VR A15 ME (5)) 15M 2/80	F	Gasch's Sons	F.H. P.A.	Hyattsville	. Md. MAR	1 2 1987 Fran	u Jan Marine

Thomas Dickson solly Anguset Engler Adress Sale in Yes-AirWorce W.W.II 274-05-3146 Louise A. Dickson Yof 13c. Explose Melling also extraorded the second

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P. Casco's Sons F.H. M.A. Hyaktsyille, Md. Lij

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAYERS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE ANGES 1.2. AND 3 TO FEMBLE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PR. 3. RETAIN PAGE 58 P.O. TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 3 HOULD BE THE TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 3 HOULD BE THE WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAI RECORDS. 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.

	1-	FOR STATE	G567 5/1		_	OF HEALT	MARYLAND H AND MENTAL CERTIFICATE	41	3 2	0	119	6
		REGISTRAR	F FIRST	WEL	MIDDLE	MIINEK 3	LAST		. DATE KNOW	N MONTH	H DAY YEAR	7b HOUR
: 20.		E OR PRINT)	Cand	dace r	7-7	Do	100011		OF ESTI-			Zu HOOK
R FILES. HOURS STREET,	3. SEX		4. RACE	5. DATE OF BIRTH		E (IN YEARS IF U	rsey NDER I YR. LIE UND	ER 24 HRS. 2c	DATE	XX 3	14 19 82 DAY YEAR	2d HOUR
STA	fe	emale	black	Dec 4,	1981	BIRTHDAY) MON			ONOUNCED	2 1.	4 1982	17:46
STO	7g. BI	RTHPLACE (S		76. CITIZEN OF WH			RIED NEVER MAR	9.	BALTIMORE CI			ΔM
# 55b	FO	Md.		USA			WED DIVO		Prince	Georg	e County	AAD
0 E 74	Cl	ror fown		Prince	George (General	Hospital		L OCCUPATION STOF WORKING LIFE	TYPE OF WORK	OR INDUST None	JSINESS RY
SCORP STORY	13a. S	L RESIDENCE TATE d.	(IE IN MURSING HOME O	ROTHER INSTITUTION, GIV	13c. CITY OR TO River	WN	13d. INSIDE CITY LIMITS? YES K NO	13e. STREE:	TADDRESS 53 64th	Avenue	2	
A 3.		THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	WIDDLE		LAST	
B. GIVE PAGES I WITH FORM PM T. PAGES I AIND DIVISION OF VITE			ale Calho	un				ndace	E.		Dorsey	?
FORM PEST AN	16a. V	AS DECEASE	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SE	CURITY NO.	17. INFORMANT			RESS		Title 2
SAGI VISIC	No				None		Ms. Cand		Dorsey	mother	r/same as	s 13e
I PENCIL IN ITEM II CAMINER ALONG IL - TRANSIT PERMI MENTAL HYGIENE, I, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Brone PART I DEATH WAS CAUSED BY: -Sudden Infant Death Couse (b) Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						chopneumceath Syndr	onia Ome			APPROXIMA BETWEEN ONSI	ET AND DEATH
ENDING" IN MEDICAL EX AS A BURIAL EALTH AND A CREMATION	NO	PART 2 DTHER SI	GNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE DR CONDITION GIVEN IN	PART 1 o				
OF HEAL OF HEAL	IFICAT	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH	OPERATION	VAS PERFORMED?				2D AUTOPSY YES X	? NO []
ITING THE WORD "P DED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF HE 1 PRIOR TO BURIAL,	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	NG CAUSE OF D	EATH P.M.	MONTH DAY	YEAR	OW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY IN IT	EM 18 PART 1 OR F		
CATE, WRITING FORWARDED OR: PAGE 3 SI THE STATE DEP, IND, 21201 PR	MEDI	WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACT	OF INJURY (AT HI ORY, FARM, ETC.)	OME, 21f. LC	OCATION STREET	(CITY OR TOWN	c	COUNTY	STATE
THE CERTIFIC HOULD BE TAL DIRECT NITH, WITH TE, MARYLA		220. I certi deoth result ACTUAL SIGNATURE	,	e of the remains desirated of corases XX	Accident ,	Suicide	Homicide TITLE (SPECIEY)	Undeterr	Inquiry , mined monner (ond in my o	3/15	/82
EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,		EXAMINER'S (TYPE OR PRI	-	formez R.			ADDRESS			ltimore	e,MD 2120	01
25549	(5	Curial	TION, REMOVAL 2	36. DATE 3-18-82	100	coln Me			uitland		Md.	TATE
DHMH - 17 R A15 ME (5)) 15M 2/80		ohn T.		o., 3015	12th St.	,N.E.D.	C. 20017	RZ6	1982 A	REGISTRAP'S	SIGNATURE	



9	REGISTRAR		ME	DICAL EXAMINER'S	CERTIFICATE OF D	EATH REG. NO		
	DECEASED NA		FIRST	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR	26 HOU
			OLDIE	M.	DUNBAR	DEATH MATED	3-2 1982	
3. 5	SEX ECMAN E	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24 HE	RS. 2c DATE PRONOUNCED	MONTH DAY YEAR	24 HOU
-	FEMALE	WHIT	Jan. 25,	1898 84 YRS.	DATS HOOKS MIN.	DEAD	3-2 1982	12;32
0.	BIRTHPLACE FOREIGN COUNTRY LATYLAN	(STATE OR	7b. CITIZEN OF WI	HAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
			U.S.A.		OWED DIVORCED		RGES.	MD
	Chever	y	PRINCE G	PITAL, NURSING HOME, OR C CILITY, GIVE STREET ADDRESS) EORGES GENERA		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) SSEMBLET	OF WORK 126. KIND OF BUSTON OR INDUSTR	Y
	STATE Maryla	nd P	G HOME OR OTHER INSTITUTION, GI COUNTY rince Geo.	list. CITY OR TOWN Landover	13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS Road		
4.	FATHER'S NAME FIRST	ΛE	WIDDLE	ailes	15 MOTHER'S MAIDEN NA FIRST Joanna	MIDDLE	Brock	
60	WAS DECEAS	ED EVER IN	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT		erpool Bl'vd	
	No	, ,		579 18 7368	Ruth G. Harr	ris Orlando,	Florida 328	07
	18. CAUSE	OF DEATH (Enter anly ane cause per line CAUSED BY:				APPROXIMATE BETWEEN ONSET	
	FARITI		MEDIATE CAUSE (a)	MONARY THROMB	OEMBOLISM			
0	88	50		AS A CONSEQUENCE OF				
10		ians, if any, rise to imr	mediate (b)	T HIP FRACTUR	E			
		 a) stating the ause last. 	DUE TO, OR	AS A CONSEQUENCE OF				
			(c)					
2		SIGNIFICANT CO	NOITIONS CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINAL OF	EASE OR CONDITION GIVEN IN PART 1 (a)).		
TIO	IN- DATE (OF OPERATIO	N In COMP	HOLLEGO MUNICIPADEDATION	LIVIA DEDECORAÇÃO			
A	170. DATE C	DF OPERATIO	JN 198. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	
CEDTIEICATION	21g EXTERN	IAL CAUSE V	WAS 21b. TIME OF	INTERP	HOW INJURY OCCURRED LEN	TER MANUEL OF MANUEL AND THE STATE OF THE ST	YES 🗆	ио 🗶
		IG OR	HOUR A.M	MONTH DAY YEAR	. HOW INJURY OCCURRED (EN	DER MATURE OF INJURY IN HEM 18 PA	ART I OR PARTZ)	
MEDICAL	21d INJURY	OCCURRED	171e PLACE (PM 2-27 1982 C	LOCATION			
M	WHILE	NOT WH	STREET, FACT	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK	AT WOR	K HO	MC 5(UNID		SEORGES, MD	
	220. I ce	tify that I tac	ak charge of the remains des	No.	tapsy , Inspection X		d in my apinian	
	death resu	lted from:	Natural causes .	Accident , Suicide	, Hamicide . Un	determined manner .		
	ACTUAL	the	easet WI	Jelman /	TITLE (SPECIFY)		DATE	
	SIGNATUR	112	Just Jy	inguy	M.D. DEPUTY N	MEDICAL EXAMINER	SIGNED 3-2-82	
es .				RIGUEZ, M .D.	_ADDRES 5009 RAYB	URN CT. CAMP	SPRINGS, MD 2	20748
230	BURIAL, CREM	ATION, REM	OVAL 23b. DATE	23c. NAME OF CEMETER		LOCATION CITY OR TOWN	COUNTY STA	ATE
		CTOR	3/5/82	Ft. Lincoln			P.G. Mary	land
İ	rancis	Gasch	's Sons Funer	al Home, P.A.	25a. DATE REC'D	Vh. ach	TO SELENCE	
	Hyatta	sville	aryland		MAR 5	1982	V	

(VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 56.19

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TTENDING PHYSICIAN: al or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

		REGISTRAR				CERTIF	ICATE OF DEATH	REG	G. NO.				
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEAT	н монтн	DAY YEAR	2b. HOUR		
1			Danie	1 S	heridan	Du	vall, Sr.	March 7	, 1982		10:30		
	3. SE)	Male		White	е	S DATE C	DAY YEAR	6 AGE (IN YEARS LAS	T BIRTHOAY)	MONTHS DAYS	IF UNDER 24 H HOURS MI		
83	CC	RTHPLACE (STATE OR I	FOREIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	Prince	TY OR COUN	TY OF DEATH	ty		
e OC	10 CI	ITY OR TOWN OF DE		(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCU (TYPE OF WORK FOR M Electri	PATION OST OF WORKING	12b. KIND C	F BUSINESS		
35	13a. S	AL RESIDENCE (IF NUI STATE aryland	13b COUN	TY	13c. CITY OR TOW Hyattsv	N	134. INSIDE CITY LIMITS? YES NO	134 STREET ADDR 5207 4	2nd . A	ve.			
dest exa		ichard	A	AIDDLE	Duval1		15. MOTHER'S MAIDEN NA First Harriett	MIDO	1	Yoem			
, the me	160 V	WAS DECEASED EVER YES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES	579-05-0		Betty C. Du			ress Sar # 13e.	me as		
injury, or other tr	7	Conditions, if any gave rise to im cause (a), state underlying caus	nmediate ing the e last.	ONDITIONS C	OR AS A CONSEQUE		NOT RELATED TO THE TERM	NNAL DISEASE OR	CONDITION G	GIVEN IN PART 10	01		
wows and	CERTIFICATION	190 DATE OF OPERA	MOITA		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	ES, WERE FINDE TIFYING CAUSES YES [7]			
B	MEDICAL CERTIF			218. ACCIDENT WAS UN	CAUSE OF DEA	in .		YEAR	21c HOW INJURY OCCUR				
marked or It	MEDIC	21d. INJURY OCCUP		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY C	IR TOWN	COUNTY	STATE		
FANT: If Item 21 is marked or It	MEDIC	214. INJURY OCCUP	his hospit	21a PLACE (AT HOME, ST al) attended th Three () view the bady	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	of the total of th	death accurred on t	he date and h	our and from the	SIGNED 4		
IMPORTANT: If Item 21 is marked or It		216. INJURY OCCUP WHILE NOT WAT WORK AT WORK 226. SIGN FEE	his hospit live an idea not	21a PLACE (AT HOME, ST ol) attended the many of the body of the prints o	OF INJURY REET, FACTORY, OFFICE, F. The disceased from	ARM, ETC.)	of the total of th	death accurred on t	he date and h	our and from the	tha (II) (Ve) causes stated SIGNED		

DHMH-16 25M (VRA 15, 4) 1/79

3-10-82 Burial

P.G. Maryland

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyatts. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE resul

·4 05:01

Male (ct. 10, 1009 72

Prince Contre's Sount, Victoria C.B. II.

Lisetrician 1.8. . W. dyattsville 5207 42 d. vo.

Saryland P.G. Hyrtavitte v 6207 12nd. ive.

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BY THE PARTY OF THE PROPERTY OF THE PARTY OF

bord at J-1- D Mt. Lincoln Constant Brontwood P.S. Maryland

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Pag

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 haurs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medico

notified at one

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

8	2	0	7	1	9	9

1 - STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	REG. N	0	.,	6	
1. DECEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
Francisco	Frank)	L.	Filin	ppelli		3	7 8	32	12:10pm
3. SEX		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	ERIYEAR	IF UNDER 24 HRS
Male	7.14	Cauc.		MONTH 10	3 1892	89	YRS	MONTHS	DAYS	HOURS MIN.
76. BIRTHPLACE (STATE OR	FOREIGN 7t	CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE		9 BALTIMORE CITY	OR COUN		ATH	
Italy		USA		WIDOWE		Prince Ge	-			MD
Clinton					spital Center	Type of work for most Retired		STIFFT INT	KIND O DUSTRY Barb	F BUSINESS OR
USUAL RESIDENCE (IF NURS 130. STATE Md.	136 COUNT	THER INSTITUTION Y Geo.	Dist. I	ORE ADMISSION) WN Hents.	13d. INSIDE CITY LIMITS? YES MO	13e SIREET ADDRESS 7306 Glen	dora	Ct.		
14 FATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			LAS	T _
Lorenzo			Filippe		Camella				Col	leli
160 WAS DECEASED EVER (YES NO OR UNKNOWN)	WWI	ED FORCES? WAR OR DATES)	577-03-		Annette B. Fi	lippelli s		as it	tem	13
Conditions, if ony gove rise to imm cause (a), stating underlying couse PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MED) 21d. INJURY OCCUR	AS CAUSED IMMEDIATE which mediate ing the last. NIFICANT CO	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 19b. COND	RAS A CONSEQ PANCE RAS A CONSEQ ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH M.	iratory UENCE OF reatic UENCE OF DEATH BUT	Carcinoma NOT RELATED TO THE TERMIN N WAS PERFORMED 21c. HOW INJURY OCCURRE	20a AUTOPSY? YES NO	20b. IF	GIVEN IN I	PART 11d E FINDIN CAUSES	MATE INTERVAL DISET AND DEATH OF USED OF DEATH? NO
AT WORK AT WO	ILE D	(AT HOME STE	REET FACTORY OFFICE		STREET STREET	CITY OR TO)WN	co	NIMIA	STATE
220.1 certify that (1) sow the deceos above, (1) (we) (c) STATE TO THE TENT OF	AME ITM SE	view the bady		, 01	22e ADDRESS	to March 7 eath accurred on the d MEDICAL STA DIRECTOR PHYSE d. Hospita	FF CIAN X			SIGNED
230. BURIAL, CREMATION,		236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
Burial	000	3/9/82	Re	esurre	ction Cemetery	Clinton		P.	G.	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the haspitol ar ottending physician.

TO HOSPITAL

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxom Hill Rd. Oxon Hill, Md. 250, DATE REC'D, BY REGISTRAR 256 BIGISTRA ICH III

Md

ENTER OF THE BUTCHEST OF THE STATE OF THE ST Tele 3 1892 89 18 2 1892 89 18 indian legito retend totament to by a product postal .talingohoolt offy as settle .tali .peb .t Et mai il man Effengiilt . Jestvani, Edyr-25-YV2 Ew + m yes and the second The form of the last the state of - C. .r- Co ad co

1 -	FOR STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	0	7 0	000
	EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2h HOUR
	IDA		FIORA	VANTI	MARCH	31, 1	982	9:40P
SEX		4. RACE	5 DATE		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ſ€	emale	white	Feb.	5, 1891	91	YRS.	WOINTHS DATS	HOURS MIN.
_ 50	THPLACE (STATE OR FOREIGN DUNITY)	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		of DEATH	
	Y OR TOWN OF DEATH Lanham		ADDRESS)	Pr. Geo. Co.	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF NOMEMAKE)	ION OF WORKING LIE	126 KIND C	DF BUSINESS OF
D.	C.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOW WASHINGT	/N	134 INSIDE CITY LIMITS?	3129 Oliv	rer S	t. N.W	
	Angelo	Tommei LAST		15. MOTHER'S MAIDEN NA/ FIRST	WE	UNK.	LAS	Ti
	AS DECEASED EVER IN U.S. S. NO OR UNKNOWN) (1F YES)	GIVE WAR OR DATES	2016	Mrs. Victor	ia Maffi		#13	
1	PART I. DEATH WAS CA	er anly one couse per line for (a), (b), on USED BY: DIATE CAUSE (b)	سائد	e prem	ouie -		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	4140 Conditions, if any, which gave rise to immediate		ence of	nolic Her	al Dise	in		
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ENCE OF	Supplyce	sling.			
	PART 2 OTHER SIGNIFICAN	nt conditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		. 196. CONDITION FOR WHICH	OPERATIO				, WERE FINDIN YING CAUSES S	
	()0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)L	IRY IN ITEM 1B P	ART (OR PART 2)	
ME.	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
2	sow the deceased alive	aspital) attended the deceosed fram_	22,01	nd that in (my) (our) opinion o	ta	ote and hav	19 82, r and fram the	that (1) (we) las couses stated
1	226. SIGNATURE			DEGREE			22c. DATE	SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

4/1/82

224. PHYSICIAN'S NAME (TYPE OR PRINT) CIRO A. MONTANEZ, M.D.

22e. ADDRESS

3308 Dodge Park Rd., Landover, Md. 20785

230.		CREMATION, REMOVAL	23b.
	(SPECIFY)	Burial	An

Fort Lincoln
250. DATES DEV 231 NAME OF CEMETERY OR CREMATORY 1982

23d LOCATION
CITY OR TOWN
Bladens burn

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending

rial-transit permit. Then please remi

lury, or ath

IMPORTANT: If Hem 21 is marked ar Hem 18

24 FUNERAL DIRECTOR W. W. Taltavull 4748 Wisc. Ave. N.W.

Wash. D.C.20016

STATE

The second of th git staging agends .sent inc 21 bog Du de la company
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requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, the medico

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

must be notified

STATE OF MARYLAND - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIF	TEATE OF BEATH	REG. N	O.		
I. DECEASED NAME FIRST	MIDDL	3.	LAST	2a DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
(TYPE OR PRINT)	_VIO (NM	N) FIRM	ANI		03-18	8-82	5:00AM
3 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Male	White	May	31, 1892 EAR	89	YRS.	NIHS DAYS	HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGN	U.S.A.	AT COUNTRY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	PRINCE GEO	_		M
10 CITY OR TOWN OF DEATH CHEVERLY		PITAL, NURSING HOME COUNTY GIVE STREET ADDRESS!	RAL HOSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Engineer	ON OF WORKING LIFE) ASST	121Wash INDUSTRY Te:	ingtonom rminal
130 STATE Maryland 170 STATE Maryland	UNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN IVERDALE	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 6135 Keni	lworth	Avenu	e
Domenico	MIDDLE	rirmani	15. MOTHER'S MAIDEN NA. FIRST	MÉ	Tess	otti IAS	1
160 WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17. INFORMANT	1200 DR	old Col	umbia	Pike
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	719 03 1693	Victor W. Fi	rman Silve	r Sprin	ng, Md.	#205
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY: ATE CAUSE (0)	Vinn.	PMM of	4			mate interval onset and death
Conditions, if ony, which	(b) CC	MUSTIN	J MSMOT I	SAILMI		21	vec Ks
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	Someting	icuono si	S	30 4	coms
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 160	, 1
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. 1F YES, V IN CERTIFYIN YES [
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTHEY MEDICAL EXAMINATION OF THE PROPERTY	EATH	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	ORPART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on_3-17	1952 01	nd that in (my) (our) opinion	to 3-1	, 17		that (1) (we) lost couses stated
22b. SIGNATURE	4me		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3 - /	SIGNED 8-82
22d. PHYSICIAN'S NAME (TYP			22e ADDRESS			24.2	
Neil A. Mea	de. M.D.		6501 Landov	er Road Ch	everly.	Md.	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physicion.

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BUTTLAL Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

23t. NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Cemetery 3/22/82

23d LOCATION Brentwood

P.G. Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Noil 4. Words, M.D.

	1			STATE OF MARYLAND	- 4	PS 19 13 PS 13
	1.	FOR STATE		NT OF HEALTH AND MENTAL HYG	SIENE O Z	0 / 6 0 2
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DE	CEASED NAME FIRST	LEO	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 20 HOUR
		Margare	ot 2, F	TZDATRICK	3-1-8	2 1124 12 Sam
-	3. SE		RACE,	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
11		remale !	unile	3-3-02	79	YRS.
44		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	
5//		WDC		WIDOWED DIVORCED	PRINC	e George MD.
1075	0	NINTON OF DEATH	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION DRESS) AM A B C C C C C C C C C C C C	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Attendant	VORKING LIFE INDUSTRY
Sper	130 S	AL RESIDENCE (IF NURSING HAVE DEC	THER INSTITUTION, GIVE RESIDENCE BEFORE AN		In crossy appress	
35	150.	Md Cha	RIES White	PLATES NO NO	P.O. Box	101
- Jue	14. FA	THER'S NAME		13 MOTHER'S MAIDEN NA	ME	
10		unavailabl	Brown	FIRST	unavaila	h] e
icol	16a V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURI		ADDRESS	
Z medical	12.	ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES 5-78-34-	2873 Eugene J	. Fitzpati	rck same as 13
the		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event,	133	PART I. DEATH WAS CAUSED	BY: Pratonia	O monuicilla	•	SET WEEN ONSET AND BEATTY
	191	414 MMEDIATE				
umatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	CE OF JE PRECIO		
ar ather tra	123	gave rise to immediate cause (a), stating the	(0)	ASHD-		100-00-0
athe		underlying cause lost.	DUE TO, OR AS A CONSEQUEN	CE OF		
5,		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDI	TION GIVEN IN PART 1/0
, and an	N				in the procedure of the correction	TO TO THE PART OF
ony	A	19a DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY?	Ob. IF YES, WERE FINDINGS USED
m 18 shows ony	Ę				YES T NO TO	N CERTIFYING CAUSES OF DEATH?
18 sh	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURE		
Hem 1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 19		
± 10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARA	M, ETC.) STREET	CITY OR TOWN	COUNTY STATE
morked			il) attended the deceased from	114/8) 10	to 3/1/9) 19, that (I) (we) last
21 15	13	saw the deceased alive an_	8/1182 19	and that in (my) (our) opinion (death occurred on the date	and hour and from the causes stated
E	1	22b. SIGNATURE	view the body after death.	DEGREE		22c DATE SIGNED
# Her		At DASE	mt	AA ATTENDING	MEDICAL STAFF	- M 1, E>
Z-		224 PHYSICIAN'S NAME (TYPE OR I	PRINT	22e. ADDRESS	DIRECTOR PHYSICIA	10/1/0
IMPORTANT: IF		M. Mor)851EV	Brande	Vim VI	M DUME
3 4	23o. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY STATE
	_	rial	3-5-82 Was	h. Nat. Cem.	Suitland	
/77		INERAL DIRECTOR	ADDRESS	250, DATI	E REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
)	Hu	ntt Funeral H	lome, Waldorf,	Maryland MAN	1982	rance for

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) CECIL (NMN) 040 FLEMING MARCH 1982 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE WHITE 80 July 5, 1901 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Prince Georges U.S.A. WIDOWED A DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LE REMOCASINESS OR 3615 Hamilton Street (TYPE OF WORK FOR MOST OF WORKING LIFE) Plant Hyattsville USUAL RESIDENCE (IF MURGING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 1312 CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e 3585 Loch Haven Drive Maryland Rnne Arundel Edgewater YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Fleming James MIDDLE Cora Locker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT es YES NO OR UNKNOWN Peacetime 234 03 9419 Agnes M. Lindsey Same as #13 (Daughter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: MENSTANC BLADDER CARCINOMA IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) UNDANIC MENTAL SYNCHONG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ nat) view the bo DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETER NORX PONTONX 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 3/5/82 Burial CITY OR TOWN National Memorial Park Falls Church Fairfax Francis Gasch's Sons Funeral Home, P.A.

DHMH - 16 50M 1/81 (VRA 15, 4)

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Hyattsville, Maryland

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Henry willie, alley fand

4	Items 21a FOR FILM#G56 REGISTRAR AT.	a.,21b.,21c. 66 4-27-82 DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2.
2002	1. DECEASED NAME FIRS	T MIDDLE	LAST	2a. DATE OF DEATH MONTH
ed be		RENCE	FORD	3/
o B	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)
ge 4	MALE	BLACK	JUNE 8, 1901	80 YR
0 1	TO. BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN
de cot	MD.	11. S. A.	WIDOWED DIVORCED	PRINCE GEORGE'S
fter of with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING

2b. HOUR 16/ 82 11:15P IF UNDER 24 HRS NTY OF DEATH COLINTY 126. KIND OF BUSINESS OR INDUSTRY G LIFE) SOUTHERN MARYLAND HOSPITAL RETIRED MAYERS & CO. OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION P. G. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIST. HGTS 2166 COUNTY MD YES I NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST DANIEL UNKNOWN TORD MARTHA IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATEST SAME AS # NO 13 ABOVE Unknown None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 muliny deartius CERTIFICATION 190 DATE OF OPERATION 70b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING THE OF THE OH OF CUPIET US HOW INJURY OCCURRED OR CONTRIBUTING TO AUSE OF DEATH MEDICAL injury no Injury P.M. no (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 218 PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM FTC.) STREET

WHILE NOT WHILE T

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death.

226 SIGNATURE DEGREE 22c. DATE SIGNED M.D. MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MOSTAAN

4235 AVE. MARLOW HOTS., HO.

230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OR TOWN ARMONY

24 FUNERAL DIRECTOR

MNOOVER 25a. DATE REC'D. BY REGISTRATURE REGISTRAR'S SIGNATURE

WASHINGTON - SONS 4925 BURROUGHS AVE. MAR

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ATTENDING PHYSICIAN, The

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MPORTANT:

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	TO MEDICAL BRANNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEC	EXECUTE THE CERTIFICATE. WRITING THE WORD "HENDING. IN PENCIL IN ITEM 38. GIVE PAGES 1, 2, AND 3, TOTAL LIN	PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PROSE	TO RUNESAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE MILE AND	AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCHENE, DIVISION OF VICAL FECCHING AND THE	BALTIMORE, MARYLAND, 21201 PRIOR 3D BURIAL, CREMATION, OR REMOVAL

		FOR . 5-20-82 AI STATE 5-20-82 AI REGISTRAR		DEPARTMENT OF HEALT	CERTIFICATE OF	FDEATH REG. NO.	7 0 0 0
		CEASED NAME FIRST E OR PRINT)		WIDDLE	LAST	20. DATE KNOWN MONTH	H DAY YEAR 26. HOUR
\$ 9 E E E		WILI			THER	DEATH MATED 3	28 1982 M
10-5E	3. SEX	4. RACE	5. DATE OF BIRTH		NDER 1 YR. IF UNDER 2	MIN. PRONOUNCED	8:45
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開発を開発し		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	MARE	RIED NEVER MARRIE		
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N T T T	16a. V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	#12
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HOUR NG MI NE DN NE DN	1	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per lin D 8Y: TE CAUSE (for (g), (b), and (c).)	Two Carde	o vanculardu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 28 LIFECUTE THE CERTIFICATE WRITING THE CHIEF MEDICAL EXAMINER ALC PROFES A SHOULD BE TOWN-MEDICAL TO THE CHIEF MEDICAL EXAMINER ALC TO FUNETAL DIRECTOR, MAGE 3 SHOULD BE USED AS A BURBALTRANSIT PER AFTER DEATH WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL HYCH BALLIMONE MAINTAIND. 21201 PRIOR 30 BURBAL CREMATION, OF REMOVAL	WEDICAL CELT	Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse last. In Other Significant conditions 1/23/1982 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charged death resulted from: Noture Control of the condition of the conditio	DUE TO, OI (b) DUE TO, OI (c) CONTRIBUTING TO DEATH 19b. COND Frac 21b. TIME CHOUR NO 21e PLACE STREET, FAI 21e PLACE TO COURSE 21c PLACE 21c PLAC	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF H BUT NOT RELATED TO THE TERMINAL DISEA DITION FOR WHICH OPERATION V TURED TIGHT hip OF INJURY M. 1 19 19 82 SU FOF INJURY OF INJURY A MONTH DAY YEAR OF INJURY TOP INJURY A MONTH DAY YEAR OF INJURY A MONTH DAY YEAR SUICIDE TO THE TERMINAL DISEA ACCIDENT AND THE TERMINAL DISEA ACCIDENT AND THE TERMINAL DISEA OF INJURY A MONTH DAY YEAR SUICIDE TO THE TERMINAL DISEA AUTO ACCIDENT AND THE TERMINAL DISEA OF INJURY A MONTH DAY YEAR SUICIDE TO THE TERMINAL DISEA SE OR CONDITION GIVEN IN PART WAS PERFORMED? HOW INJURY OCCURRED Labject fell DOCATION STREET HOMICIDE TITLE (SPECIFY) Deputy ADDRES 5009 Ra OR CREMATORY	On floor Cark Drive, Laurel, Inquiry M., ond in my. Undetermined monner.	20. AUTOPSY? YES NO X PART 2) PART 2) POUNTY PART 2 POUNTY STATE 20. AUTOPSY? YES NO X	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other traumatic event, the

		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
FIRST	WIDDLE	LAST	2a DA

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.			
	1. DECEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	(TYPE OR PRINT) MARY	BRIDGET C	ALE			MARCH 1,	1982		6:57	ам
	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	4 HRS
	FEMALE	WHIT	'E		L 11, 1912	69	YRS.	TING DATE	HOOKS	M IN.
	70 BIRTHPLACE (STATE ORF		F WHAT COUNTRY?	8.	_ :	9. BALTIMORE CITY O	1110	FDEATH		
7	MAINE	UNTTER	STATES	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEOR	RGE'S C	OUNTY		MD.
2	10. CITY OR TOWN OF DEA	TH 11. NAME C		IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATA (TYPE OF WORK FOR MOST O	ON	12b. KIND C INDUSTRY	OF BUSINES	
7	GAITHERSBURG				DICAL CENTER	ATTENDENT		MEDIO	CAL	
-	130. STATE	131 COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
10.5	MARYLAND	MONTGOMERY	GAITHERS	BURG	YES 🔼 NO	9814 MAPLE	LEAF D	R		
7	14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST	
5	COLE	MAN GREEN			BRIDGET		COYNE			
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES		IRITY NO.	17 INFORMANT	GATT	fersbur	G, MD	2087	9
2	NO	(IF TES, GIVE WAR OR DATES	578-12-	-1228	HARRISON W.	GALE JR., 98	314 MAP	LÉ LE	AF DR	
	Conditions, if ony, gave rise to imm cause (a), statinunderlying cause PART 2 OTHER SIGN	which (b) nediate g the last (c)	OR AS A CONSEQUE	NCE OF	SUPER VENTRI	gerille REN	NAL FAI		a ·	
	190. DATE OF OPERAT	196. COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES		
	WHILE NOTIFY MEDIC AT WORK AT WORK	AUSE OF GEATH HOUR (AL EXAMINER) (AT HOME)	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STA	ATE
	220. I certify that (I) sow the decease above, (I) (wg) (d 22b. SIGNATURE	(this hospital) attended of alive an MAR (id) (did (a)) view the bo	the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	32, 01	nd that in (my) (our) opinion DEGREE					,
-	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e ADDRESS /	A PIKECTOK PHYSIC	IAN	14		
		RILEY, CPT	USAF, MC		MALCOLM GRO	W USAF MEDIC	CAL CEN	TER,	AAFB,	MD
	230. BURIAL, CREMATION, (SPECIFY) Burial	346			emetery or crematory	23d. LOCATION CITY OR TOWN		OUNTY	, Mo	

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

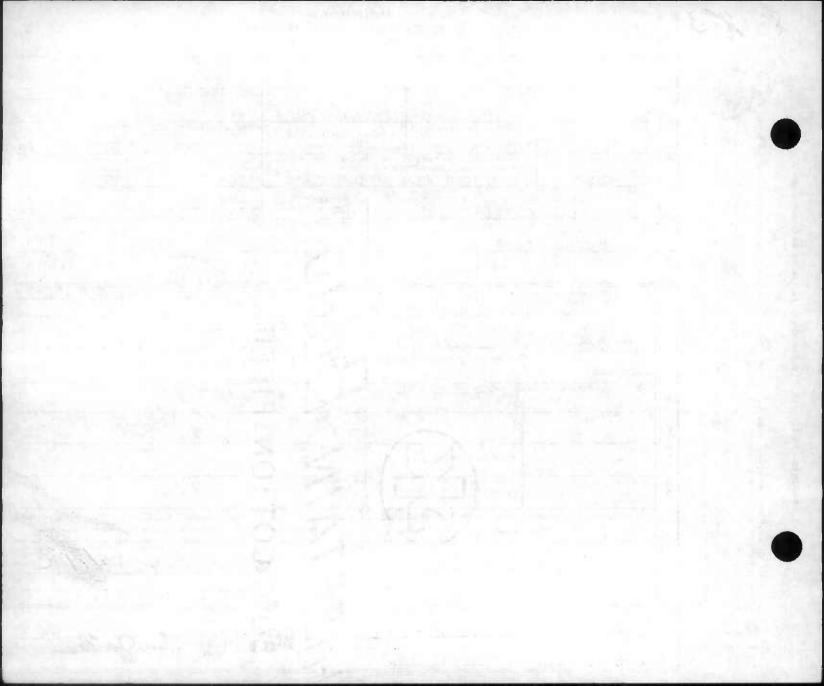
23c. NAME OF CEMETERY OR CREMATORY 1982 Maryland Vote Suitland, Md +erans

23d. LOCATION
CITY OR TOWN
Cheltenham
D. BY GO FOT KARLES SE

Md

0 7 3

24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled within 72 hear with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

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injury, ar ather traumatic event, the medical examination

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

4748

Wisc. Ave.N.W.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256. REGISTRAR'S SONATURE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D.	
I. DECEASED NAME FIRS	T MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
ALE	BERTO	GIULIANI		03-08-82	7:10AM
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
male	white	Mar. 31, 1890	91	VDC	THE STATE OF THE S
a. BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNTR	Y? 8 _ Y	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
I taly	USA	MARRIED NEVER MARRIED X	PRINCE G	EORGE'S	M
CHEVERLY	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR PRINCE GEORGE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Chef		D OF BUSINESS OF
laryland	P.G. Distri	DWN 134 INSIDE CITY LIMITS? CT Hg 145 NO	13. STREET ADDRESS 6504 Gate	way Blvd.	
4. FATHER'S NAME FIRST Cherubino	Giuliani LAST	15. MOTHER'S MAIDEN N	AME	Gian	coli
	S. ARMED FORCES? 166 SOCIAL SE ES. GIVE WAR OR DATES) 579 01		traight Hy	00 Oliver attsville	St Md.
PART I. DEATH WAS CA	DUE TO, OR AS A CONSE	nevesender ann	dent	APPR BETWE	ENDAMATE INTERVAL EN ONSET AND DEATH
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190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [7]	DINGS USED SES OF DEATH?
		DAY YEAR 21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR		
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINED WHILE NOT WHILE	21e. PLACE OF INJURY	19 21f LOCATION STREET	CITY OR TOW	AN CONNIA	STATE
220-1 certify that (I) (this I sow the lection of the obove (I) we) (did) (the	hospital) attended the deceased from	, and that in (my) our) opinio	, to 3	te and hour and from the	, that (i) (we) los he couses stoted
22b. SIGNATURE	al		MEDICAL STAF	75. /	8/82
/// 0	41554ER MJ	7500 Colhe	nway con o	n CARRING	BEET MD
30. BURIAL, CREMATION, REMO (SPECIFY) Burial	Mar. 10. 1082	Mt. Olivet	23d LOCATION CITY OF TOWN Wash. D	COUNTY	STATE
FUNERAL DIRECTOR W. W	. Taltavull	250. DA	ATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S STON	ATURE / STOR

Wash. D.C. 20016

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

CENERLY PRINCE DESCRIPT GENTAL CONTROL constitute for the continue of T v tour

physician and campletely filled in by the funeral director, page 3 inpopers. Pages 1 and 2 should be filed within 72 hours after death

by the ottending physician

shauld be detached for use os the buriol-transit permit. Then please remave carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remavol

IMPORTANT: If them 21 is morked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

retained by the hospital or

BP.

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STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR				REG. I	NO.		
1. DECEASED NAME (TYPE OR PRINT) G:	FIRST MIDDLENNIE W.		VENS	MARCH		DAY YEAR	26 HOUR 2:50p
Female	4 RACE White		OF BIRTH 10 DAY 1891 PEAR	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE ORFO Kentucky	U.S.A.	AT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY	of DEATH George's	5 _M
0. CITY OR TOWN OF DEAT Lanham		PITAL, NURSING HOME LILITY GIVE STREET ADDRESS) HOSPITAL O	or other institution f Pr. Geo. Co	12a USUAL OCCUPA (TYMBOF WORK FOR MOST OUSEW1 I			F BUSINESS OF
		RESIDENCE BEFORE ADMISSION CITY OR TOWN ANNAM	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 7818 Cros		et	
4 FATHER'S NAME	WIDDLE	ats ^l on	15. MOTHER'S MAIDEN NA Rheast	WE		Willia	ms
(YES, NOOR UNKNOWN)	THE MES CHUE WAR OR DAVES	SOCIAL SECURITY NO. 07 07 8884	Arthur M.			lin Ave Marylan	nue d 20706
Conditions, if ony, gave rise to imme cause 101, stating underlying couse	DUE TO, OR AS which edigte	ACONSEQUENCE OF ACONSEQUENCE O	A in aller	t Den Disa	ren ese	10	MATE INTERVAL ONSET AND DEATH KOUS
NO THE DATE OF OPERATION OF THE ACCOUNT WAS UNDER	W	OR WHICH OPERATY		76 JUTOPSY?	IN CERTIF	T. bad	
TIE ACCIDENT WAS UNDE	EVING THE TIME OF IN.		SIE HOW INJURY OCCUR	RED TENTER NATURE OF PA	gey extraction (ii) ex	MELTING PART 3)	

MEDICA

214 INJURY OCCURRED 22a I certify that (1) (this haspital) attended the deceased from

saw the deceased alive on abave, (I) (see (did) (did ot) view the body after death 226. SIGNATURE 1 amas

ER STOWN, NOTHY MEDICAL EXAMINER.

NOT WHISE AT WORK

22d. PHYSICIAN'S NAME (TYPE OR PRINT) THOMAS G. MALONEY, M.D.

71e PLACE OF INJURY

(AT HOME STREET, PACTORS, OFFICE FARM, ETC.)

DEGREE 22e. ADDRESS

4814

211 LOCATION

- 71st Avenue, Hyattsville, Md. 20784

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

that in (my) (and) opinion deoth accurred on the date and haur and from the causes stated

22c. DATE SIGNED 3/16/82

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Brentwood

COUNTY

COUNTY

Maryland

STATE

23a. BURIAL, CREMATION, REMOVAL BURIAL Burial 3/19/82 Ft. Lincoln Cemetery Francis Gasch's Sons Funeral Home, P.A. 150 AM 3/19/82 Hyattsville, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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ne le	det. 10, 1901	Uhite	11 (11/24)
	7	2.8.4.	Tentueley:
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Tel8 Cross Street	XX	Fines for Paper	haslyns
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Seems Seeblin lyenne Seedling Sycholary Seems	tage	9 TO TOP	48

Burial 3/10/22 11. Lincoln Concrety Strentsond P.G. Sargiand President Function Lincoln Concrets Street Lincoln Concrets Stree

OF THE PRESENCE OF NO.

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should be detoched for use as the buriol transit permit. Then please remove carbon popers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

medico

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njury, or other trou

IMPORTANT: If Hem 21 is morked or Hem 18 shows on

etoined by the hospital or ottending physician.

OR ATTENDING PHYSICIAN: The

O HOSPITAL

BP

DHMH - 16 50M 1/B1

(VRA 15, 4)

CERTIFICATION

MEDICAL

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYC	GIENE 3	REG. NO.	0	7 8	3 1	0
DECEASED NAME FIRST		WIDDLE	14	XST	20 DATE OF D	SEATH MONTH	DAY	YEAR	2b HOU	R
YPE OR OR IN LA	abeth	J.	Gr	aham	March	10, 19	82		2:00	DP.M
SEX	4. RACE		5 DATE O		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	
Female	Whit		MONTH.	20.1901 YEAR	81		'RS	DATS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMOR	E CITY OR CO	JNTY OF D	EATH		
llinois		.A.	WIDOWE	476/	Prince	George				MD.
CITY OR TOWN OF DEATH				R OTHER INSTITUTION		CCUPATION		L KIND C	EBUSINE	SS OR
Greenbelt (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) American Medical Nursing Center Social Worker								Friends School		
STATE 136 CC STATE 136 CC STATE 136 CC P FATHER'S NAME FIRST FILLIAM		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN College LAST Johnson	N 1	13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA FIRST Kate		Quebec ;		Hubb	ard	
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	215-44-		17. INFORMANT Elizabeth G.	Dowlin		ddres		me a	5
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED 4 3 Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	JSED BY: JATE CAUSE (6) DUE TO, C	Brown C GRAS A CONSEQUE GRANTE	NCE OF	waste	reva		c 1		MATE INTER ONSET AND	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES | NO \square

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY

(ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 211. LOCATION

AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from

asco and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

above, (1) (we) (did) (did not) view the body ofter death

STAFF
PHYSICIAN ATTENDING MEDICAL DIRECTOR

DATE SIGNED

Till Bergemann, M.D.

22e ADDRESS

115 Centerway Greenbelt, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 3-11-82 Cremation

sow the deceased alive on

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory

DEGREE

23d. LOCATION Brentwood

P.G Maryland

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

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115 Centerway (resubelt, Md.

Till Berge ann, M.D.

Greention 3-1-82 M. Lincoln Cremtto y Montwood P.G. Maryland C. Cascille Sont . N. Myntsville, Md.

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Item 18

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MPORTANT:

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

26 HOUR

DECEASED NAME MIODLE TYPE OR PRINT 4 RACE 5 DATE OF BIRTH

OAYS HOURS

ISTATE OR FOREIGN

BALTIMORE CITY OR COUNTY OF DEATH

82

FOR

- STATE

3 SEX

REGISTRAR

MONTH

136 COUNTY

15 MOTHER'S MAIDEN NAME

MIDOLE

14 FATHER'S NAME

ADDRESS

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH : Enter only one couse per line for 10 (b) ond PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate

CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

21e. PLACE OF INJURY

OB AUTOPSY NO

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

couse (o), stoting the

underlying

CERTIFICATION

MEDICAL

AT WORK

216. TIME OF WJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on_ obove, (1) (we) (did) (did not) New the body ofter death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

226. SIGNATURE

NOT WHILE

PHYSICIAN 22e ADDRES

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

STATE

23a BURIAL,

23c NAME OF CEMETER

DEGREE

COUNTY

FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

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DIRECTOR:

Edick man 6.5 A There is a second of the secon William E. Roth Name TO THAT STEP TO STAND THE STAND THE STAND THE The second second Rame i into a little The territorial continues of the sections Maria II - II Wall of the Control of

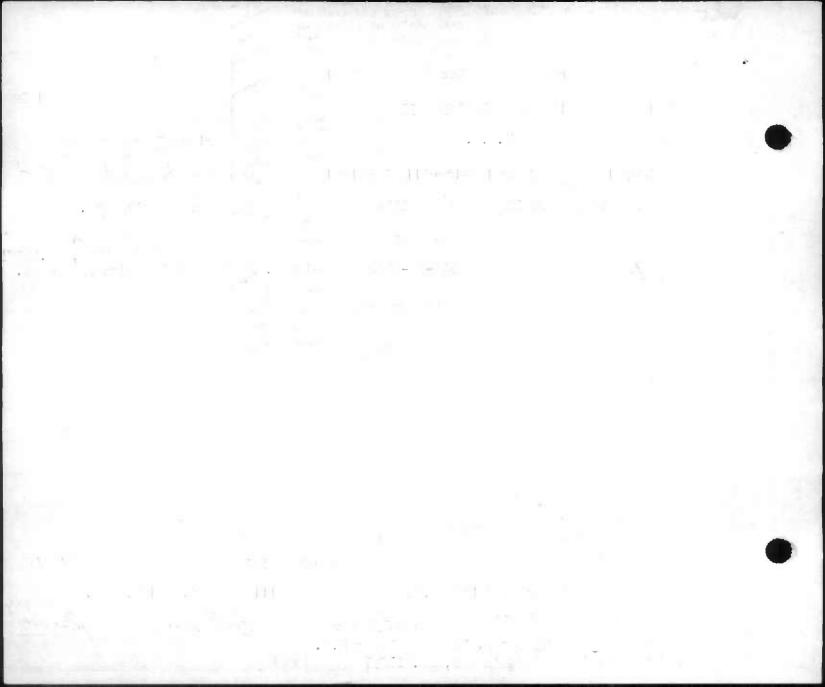
fied Rodriguez examiner DIVISION OF VITAL RECORDS, Medical

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO Approved DECEASED NAME 'F IRST 20 DATE OF DEATH MONTH 2b. HOLLR TYPE OR PRINT March 30, 1982 John E. Gross, Sr. 3. SEX 4 RACE S. DATE OF BIRTH AGE TIN YEARS LAST BIRTHOAYL IF UNCER I YEAR IF LINGER 24 HRS July 30, 1926 DAYS HOURS White Male A BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVERMARRIED U.S.A. rince Georges Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 611 Cunningham Drive INDUSTRY Berwyn Heights Technician U.S. Goverment USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130 STATE 130 COUNTY 131. CITY OR TOWN 13.8611 Cunningham Drive 1134 INSIDE CITY LIMITS? Maryland Prince Geo. Berwyn Hgts YES TE 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME N MIDDLE LAST MIDDLE LAST puo Edward Gertrude Smith Gross ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES HO OR UNKNOWN) HEYES, GIVE WAR OR DATES 219 03 9589 Marian V. Gross (Wife) Same as #13 APPROXIMATE INTERVAL II CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO X YES [Нуд 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 23 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) ā 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220. | certify that (1) (this hospital) attended the deceased fram sow the deceased alive an NOV 29 above. (1) (we) (did) (did not) view the body ofter death. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 221 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF March 30,1982 should be deta with the State IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d PNYSICIAN'S NAME LTYPE OF PRINTI 22e ADDRESS 115 Centerway - Greenbelt. Md. Till Bergemann, M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE Brentwood P.G. Maryland 4/2/82 Ft. Lincoln Cemetery 250 DATE ARC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/7B F. Gasch's Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4, retained by the haspital or ottending physician.
	7 4
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	0 9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other troumatic event, the medical

notified of one

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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fi-a	4)		100	3	

1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYD		REG. NO.	0 / 0	1 4
	CEASED NAME FIRST		WIDDLE	I.	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
(117	LONN	IE		HA	GANS	1	03-	-06-82	7:25AM
3. SE	EX 4 RACE 5.				OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
10	Male Negro				. 2 ^{PAY} 19 ^{YEAR}	71	YRS	MONTHS DAYS	HOURS MIN.
	INTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED PRINCE GEORGE WIDOWE DIVORCED PRINCE GEORGE							TY OF DEATH	MD
10 C	ITY OR TOWN OF DEATH CHEVERLY	(IF NOT IN SU	CH FACILITY, GIVE STREET	IG HOME C	RAL HOSPITAL		CUPATION R MOST OF WORKING	GLIFE) INDUSTRY	OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Landove	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADE 6824-F		Terace	
14. F.	ATHER'S NAME Oscar	WIDOLE	Hagans		15. MOTHER'S MAIDEN NA FIRST Bert:		IDDFE	ard LA	ST
	Ma	RMED FORCES? GIVE WAR OR DATES) N.C.	Not Ava		17 INFORMANT le Hattie (Graham	1337-	lst.St	.S.W.
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE O	r condition (GIVEN IN PART 1	(0)
CERTIFICATION	1% DATE OF OPERATION	INS. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	18€ AUTOPS		YES, WERE FINDS TIFYING CAUSES YES []	
	THE ACCIDENT WAS SHIDERLYING OF CONTRIBUTING CAUSE OF B	EATH HOUR A	OF INJURY M. MONTH DA M.	Y YEAR	71c HOW INJURY OCCUR	RED LINIER NATURE	OF INJURY PAYTERS)	E FART I DE FART 2)	
MEDICAL	214 INJURY OCCURRED WHATE IN HOT WHATE IN AT WICHE IN	TAT HOME, ST	OF INJURY RET. FACTORY, OFFICE, F	HM, ETC.)	THE LOCATION	N	266	down	17475
	27±1 certify that (I) (this has sow the decembed all above, (I) we did (die)	Mara	after death.	0	sd that in (my) Copinion	death occurred or	the date and h	our and from the	that (It would get cousin stated
	274 PHYSICAN FRANKE 1740	HAIDA	K	A	ATTENDING PHYSICIAN	MEDICAL DIRECTOR D	STAFF PHYSICIAN []	3/2	182
23a	Burial CREMATION REMOVA	Mar. 1	per de la la servicio de la companya del la companya de la company		incoln		ensbur	g Mary	
24 F	uneral director R.N. Horton C	o. Morti	cians 600)-Kenn	47.675	ERECD BY REGI	STRARIZED REG	STRAKS SIGNA	

DECEASED NAME 3 SEX 5 DATE OF BIRTH YEAR 1 7a. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) NEVER MARRIED DIVORCED NOWED [OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) by th USUAL RESIDENCE (IE/NURS ly filled in should be f DE CITIES PARTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? WASH YES T NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 FIRST LAST FIRST puo VNK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNK 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) dod phys PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ö Conditions, if any, which gove rise to immediate cause tot, stating the DUE TO, OR AS otho underlying cause last 20 a CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ď per physicio entol Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY PHYSICIAN: 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH buriol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 2 211 LOCATION 0 21e PLACE OF INJURY the (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE morked AT WORK

MIDDLE

FOR - STATE

REGISTRAR

FIRST

ADDRESS BROWN: ST ELIZ. HOSP. BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 206. IF YES, WERE FINDINGS USED 20e. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). COUNTY CITY OR TOWN STATE 220.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNAPUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 250 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

NONE

LAST

IF UNDER 24 HRS

MIN

IF UNDER I YEAR

INDUSTRY

DAYS

MONTHS

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHOAY).

120 USUAL OCCUPATION

13e. STREET ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIODLE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

DIRECTOR

FUNERAL

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MPORTANT

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	The Box WA		
			STATE OF STREET

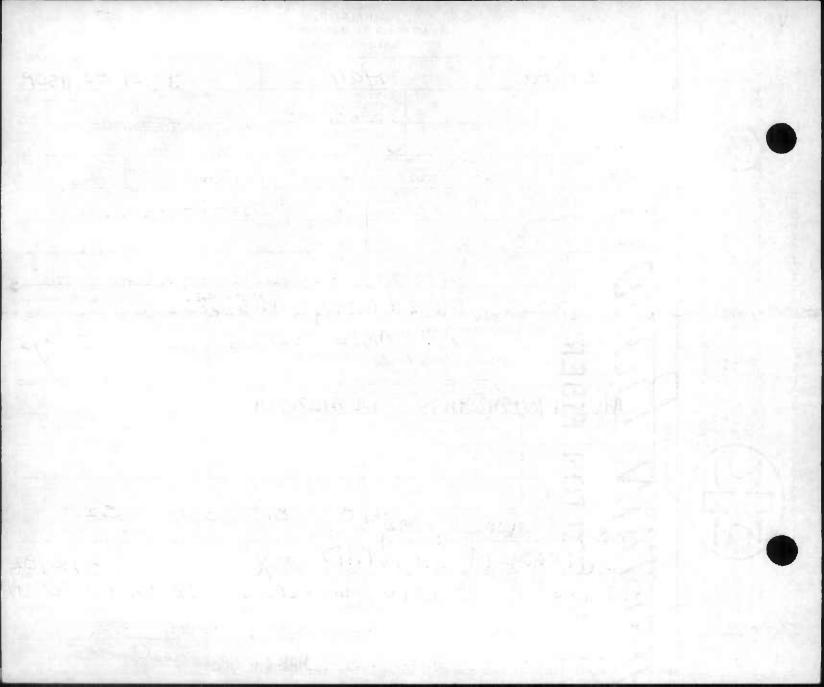
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		FOR STATE				MENT OF				YGIENE	En .	U.	7 8		0
		REGISTRAR		M		EXAMIN	ER'S	CERTIFIC	CATEO	F DEATH	RE	G. NO.			
		CEASED NAME	FIRST		WIDDLE			LAST		20. D	OF EST	NN MONT	H DAY	YEAR	26. HOUR
75			race		E		Hal	11		DI	ATH MATE	ED 3	5	1982	
	3 SEX	4 RACE		5. DATE OF BIRTI	- YEAR	6. AGE (IN YE		NDER 1 YR.	IF UNDER		DATE	MONTH	DAY	YEAR	10 1945
	Fe	emale Cauc		July 23		79	RS. MONT	THS DAYS	HOURS	MIN PROI	NOUNCED DEAD	3	5	19 82	10:43
-		RTHPLACE (STATE OR		76. CITIZEN OF	VHAT COU		8	IED NEV	/FD 14 4 BB/II	9. B/	ALTIMORE C	CITY OR COU	NTY OF I		1 d.m
0		ENTREW PF		US	0		WIDOV		DIVORCE	· NO	ince (3	Com		
-		TY OR TOWN OF DEA		11. NAME OF HO	SPITAL, NI					12a. USUAL C	CCUPATIO	N (TYPE OF WOR	12b. KI	ND OF BURNDUSTE	SINESS
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-0	USUA	enn Dale		OTHER INSTITUTION.		E BEFORE ADMISSE	JG ON)		Dec Park	OPERA	TOK_	CET:	Sin	K/ 121	PIONE
>	13a. S	ARYLAND	3b COUNT	Y	13c CIT	YORTOWN		T3d. INSIDE CIT		13e. STREET A		N. =			
		THER'S NAME	PG		IOK	BIADU		YES	NO D		JORTHE	RN AVE			
1	(1.17	FIRST		MIDDLE		EAST		FIR	RST	IN NAME	MIDDLE		_	LAST	
7	14a V	VAS DECEASED EVER I	NIII S ADA	ED EORCECA	mcCo	RMICK ICIAL SECURIT	V NIO	17. INFORM	318W		A	DRESS	Bo	MSER	
	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)								-4			
		No	NI		577	710	14	LAWSI	٤ t. B:	uchancy	SAI	MEAS	5		
	AN	18. CAUSE OF DEATH	S CAUSED	y one couse per li	ne for (a), (b	o), ond (c).)								PPROXIMATE WEEN ONSET	AND DEATH
		11300		E CAUSE (o)		oscler		cardio	ovasci	ular di	sease				
		7272	1.1	DUE TO, C	R AS A CO	NSEQUENCE	OF								
	-	Conditions, if or	immediate	(b)											
		cause (o) stoting lying couse last.	the <u>under-</u>	DUE TO, C	R AS A CO	NSEQUENCE (OF								
		37		(c)											
		PART 2 OTNER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEAT	N BUT NOT REL	ATEO TO THE TERM	INAL OISEAS	E OR CONDITION	GIVEN IN PAR	tt 1 iai.					
	ON O														
2	CAT	190. DATE OF OPERA	TION	196 CONE	ITION FOR	WHICH OPER	ATION W	VAS PERFORA	MED?				20 /	AUTOPSY?	
	TIE													YES 🗌	NO X
	CER	210 EXTERNAL CAUS		216. TIME (OF INJURY M. MONTH	DAY YEAR	21c. H	OW INJURY	OCCURRED	CENTER NATUR	OF INJURY IN I	ITEM 18 PART 1 OR	PART 2)		
1	TV	UNDERLYING CONTRIBUTING C				1 DAT TEAM									
	MEDICAL CERTIFICATION	21d. INJURY OCCURR	ED	21e PLACE	OF INJUR	Y (AT HOME,		CATION							
	2	AT WORK AT WO	WHILE	STREET, FA	CTORY, FARM	ETC.)	12	STREET		CITY	OR TOWN		OUNTY		STATE
	1											-			
		22a I certify that I					Autop	osy L.	Inspection	X. In	quiry X	and in my	opinion		
		death resulted from:	ANature	ol couses A,	Accident	L, Su	icide	, Hamici	de 🔲	Undetermin	ed manner				
		ACTUAL O	Yen	ysto V	W	lown	-/	TITLE (SP				DAT	E ~	1=1	
-		SIGNATURE_	ugu	viv J.	100	ugu	X-N	A.D. Depu	uty	MEDICAL	EXAMINER	DAT SIGI	SED_3	/5/19	82
3		EXAMINER'S NAME	0	unto Dod	mi co-	1.1)	E.	2 200	l	00	0	0		34.3
-		(TYPE OR PRINT)			lrigue		•	ADDRESS 50				, Camp	Spr	ings,	Md.
	23a. B	JRIAL, CREMATION, RE			23c.	NAME OF CE				23d. LOCAT	ION		YTAUC	51	ATE
		REMPITION	1	MAR 8 198	a CE	DAR HU	1 CRE	SOTAM	4	COIT	HIND		e .		D.
	-	INERAL DIRECTOR		ADDRE	SS			2	10 0 m	EC'D. BY REG	ISTRAR 25b	REGISTRAR'S	SIGNAT	URE	
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N ST., BALTIMORE, MARYLAND 21201	certificate be executed within 24 four with	fing physicion and completely little in by involveon popers. Pages I and 2 handle in led	fic event, the medical entitling print be partitled
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours off providing a may be retained by the hospital or otherwise physician.	TO FUNERAL DIRECTOR: After the ventical managed by the citending physicion and completely find in by the firm elector, page 3 should be detached to use as the build fraud permit then places remove carbonoppers. Pages 1 and 2 hand a site of the first depth of the places of the depth of the places of the places of the places.	IMPORTANT: If them 21 is marked as them 18 shows day rejury, as other traumotic event, the medical equalities to gothers on a second second as a second seco
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BP. DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	7 8	17
		CEASED NAME FIRST		DDLE	1	Pall	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 3 21 82 11:50 P			
	3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF U		UNDER 74 HRS
	F	emale	Black			ne 5, 1896	85	YRS.	THS DAYS H	MIN.
0		COUNTRY C.	76 CITIZEN OF W		MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY	DR COUNTY OF	DEATH.	MD.
10		ITY OR TOWN OF DEATH Laurel	Greathe:	Laurel	Nurs	ing Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired		12b. KIND OF B INDUSTRY None	BUSINESS OR
17	13a S	AL RESIDENCE (IF NURSING HOME OF STATE D. C.		ve residence before 3c. CITY OR TOW Washin	N	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	reet N.	W.	
0.1	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAST	
21		Joseph	News			Carolyn			Wells	
3		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	577-84-	Mrs. Thelm	a M. Best/c			17th .	
9	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CON NFAU	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DEMENTA N WAS PERFORMED 200. AUTOPSY? 100. ERTIFYING CAUSES OF DEATH 110. CERTIFYING CAUSES OF DEATH				
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	INJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES		NO []
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OI	T, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (1) (this hospital) attended the deceased from 12 0, 19 0, to 3 2 1, 19 0 2, that (1) (we) last that (1) (we) last the distance of the one of the								
1		22d PHYSICIAN'S NAME (TYPE)	A. (OMPT	DN	220 ADDRESS	DEL PKDI	2#104	LAUI	EZMI
, N		BURIAL, CREMATION, REMOVAL SPECIBURIAL	236 DATE 3/25/8			emetery or crematory ont Cemetery	23d LOCATION CITY OF TOWN Fremon		. C.	STATE
	24 FU	ohnamT. Rhines (., N.	250. DATE	e rec'd. by registral	ASSE RECOGNAR	SANGENATURE	



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	PITALOR ATTENDING PHYSICIAN: The law requires that the death serificate be executed within 24 hours after death. Page by the hospital or attending physician.	SPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundable from the completely filled in by the fundable from the completely for the fundable from the completely for the fundable from the completely for the fundable
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(VRA 15, 4) 1/79

FOR

REGISTRAR

BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

underlying cause lost

190 DATE OF OPERATION

21d INJURY OCCURRED

AT WORK

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

MOLLIE

DECEASED NAME

- STATE

(TYPE-OR PRINT)

COUNTRY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MIDDLE 2ª DATE OF DEATH MONTH YEAR 2b. HOUR A . 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF LINDER 24 HES 5 DATE OF BIRTH MONTHS CAYS Caucasian BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED 4 . VEVER MARRIED WIDOWED D DIVORCED MD. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF TYPHIS FOR MOST OF WORKING LIFE) INDUSTRY Ret. Book Binder-Prinking (are) Ha 1011mules Shop 134 CITY OR JOWN 1136 INSIDE CITY LIMITS? 130. STREET ADDRESS romac YES 😿 NO [15. MOTHER'S MAIDEN NAME MIDDLE Franke 166 SOCIAL SECURITY NO 17 INFORMANT Maxine R. Remington (above address -07-767 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO YES T NO I 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR PM 211 LOCATION 210 PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.l certify that (1) (this hospital) attended the deceased from, 💢 🏂 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ISUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomer 14. FATHER'S NAME 168 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR OATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ Conditions, if ony, which gave rise to immediate couse (a), stating the

saw the deceased almost saw the body attached DEGREE 22c. DATE SIGNED PHYSICIAN MEDICAL DIRECTOR PHYSICIAN MN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE (SPECIFY) Burial /1982 Ft. Lincoln Cem. Brent wood Pr. Geo. Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Mt. Rai Zarus Inc.

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		FOR STATE REGISTRAR		EPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	7819
MI)	(TYPE	CEASED NAME FIRST Beatri	ce M.	Hanl	ack	March 31	, 1982 2:08 p _M
	3. SE	x emale	4. RACE White		DF BIRTH 14 1910	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
n 72 hou		RTHPLACE ISTATE OR FOREIGN OUNTRY aryland	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUN Prince Georg	TY OF DEATH
by the further and another description		iverdale	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GLENOT MEMORIAL ME	IVE STREET ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ASSISTANT Super	12b. KIND OF TUSINESS OR INDUSTRY STORE
auld be t	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 135 COUPLING PRINT	INTY 13c CITY	nce before admission) OR TOWN erdale	13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 6407 61st Pla	ace
and 2 sh	14 FA	Claxton		LAST	15 MOTHER'S MAIDEN NA FIRST Etta	WIDDLE	Cheseldine
. Pages		VAS DECEASED EVER IN U.S. A		22 0237	Virginia L.	Allison W. Hyan	nherst Road ttsville, Md.
ose remave carbanpape II, cremation, ar removal r ather traumatic event, tl		18 CAUSE OF DEATH WAS CAUS PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF	erefral Lemont	hage	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH ADDRESS AND DEATH
shaws any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT Hypertruson 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUT Technic 196. CONDITION FOR	Least du	DN WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
ond Mental Hygien	MEDICAL C	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MON	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ept. at Health tem 21 is mar		22a. I certify that (I) (the horn saw the deceased alive a	7171	19 52 0	nd that in (my) (and repinion DEGREE	, to, to	our and from the causes stated 22c. DATE SIGNED
should be detact with the State Di		22d. PHYSICIAN'S NAME (TYPE Byrl Johnson	,		22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	3-31-82 dale, Md. 20737
Ö ể ½ Ẩ —	23a E	BURIAL, CREMATION, REMOVA PECIFY Urial	23b. DATE 4/3/82		coln Cemetery	23d. LOCATION CITY OR TOWN Brentwood	COUNTY STATE Manyland
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requires that the death certificate be executed within 24 haurs after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

	FOR STATE REGISTRAR			DEP
/ 民國和	1. DECEASED NAME	FIR51	MIODLE	_
新加州	(TYPE OR PRINT)	LHCTLLE		

STATE OF M. RYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR				REG. N	O.		
	CEASED NAME FIRST	WIODIE	L	AST	26. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
(TABE	LUC I	LLE	Н	ARRIS		03-05-82		3 - 200
3. SE)	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER		UNDER 24 HR
	FEMALE	BLACK	Janu	ary 22,1917	65	YRS.	DAYS H	OUR5 MIN
	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0		9 BALTIMORE CITY C		ATH	
	country) uisiana	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE	GEORGE'S		
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		126 USUAL OCCUPAT	ION 12b.		USINESS C
	CHEVERLY	PRINCE GEORGE'S	GENE	RAL HOSPITAL	Housewife	OF WORKING LIFE) INDI	USTRY	
D 130 S	.C.	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY I3; CITY OR TOW Washingt			900 G Street	et, N.E.		
14. FA	THER'S NAME William	Ayers		15. MOTHER'S MAIDEN NAM	WIDDLE	The same	Wagn	er
16s V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU 577-36-1		Willard Harr	is New (Jeannett	te St Louis	iana
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	E CAUSE (0) HOUTE	111	tra Cranial	Steeding	9.	APPROXIMAT	E INTERVAL ET AND DEAT
	Conditions, if cny, which gove rise to immediate couse (a), stating the underlying couse last.	b) Due to, or as a conseque	ACE OF	teusion	arrest			
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1101	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF	USED DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OF TO	wn cou	NTY	STATE
~	WHILE AT WORK AT WORK							
	saw the deceased alive on above till (we) (did (did no		9 . or	d that in (my) (our) opinion o	, to	0	-	t (I) (we) lo
	The signature	Jugh		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		B/S/	82
	Rishpal Singh	resol		22e ADDRESS 4700 Auth Pla			// [owe]	nd
23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial			nd National		rince Geo	roeta	STATE
24 FU	INERAL DIRECTOR ROLL	Ins Funeral Home Pl. N.E., Washi	. Inc	25a. DATE	MAR 8 198	256. REOMTRAR'S S	-	THE RESERVE OF

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours offine with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

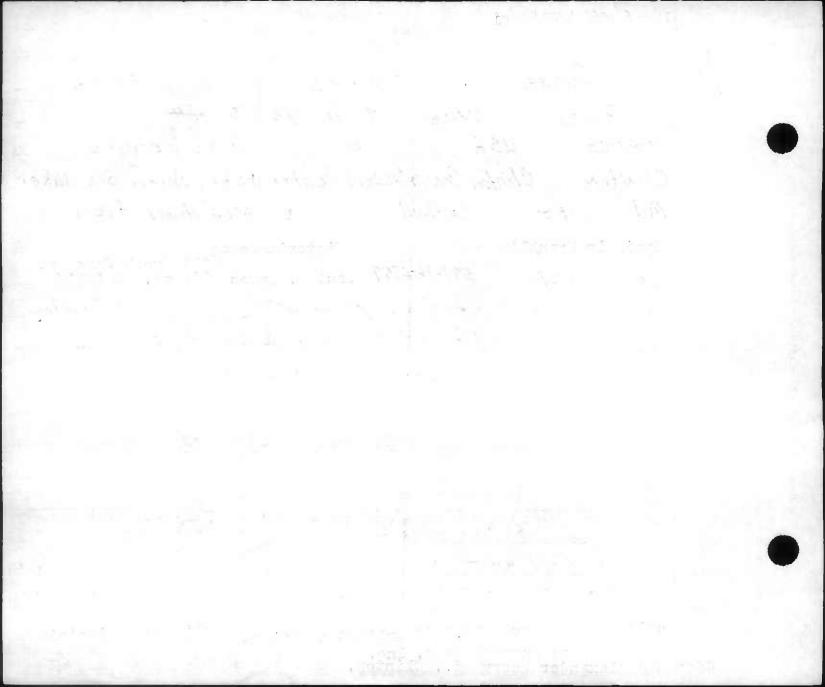
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DIVISION OF

. 1/	V	em 6 g566 4/22/8 FOR STATE REGISTRAR	DEPARTMENT OF CERTIF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 Z O	7 8 2 2
A francy be to page 3 New death		CEASED NAME SUSAI	V I., Ha	LAST MES OF BIRTH DAY YEAR G G G G G G G G G G G G G	20. DATE OF DEATH MONTH 3 6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS.	DAY YEAR 25 HOUR
	C		USA WIDOW		120 USUAL OCCUPATION	19es MD. 12b. KIND OF BUSINESS OR
1 1 1	<i>USU.</i>	AL RESIDENCE (IF NURSING HOME OR 136 COUN	OV NOT INJUCH FACING GIVE STREET ADDRESS) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	ent Center	FACIORY WORK FOR MOST OF WORKING IN THE CONTROL OF WORK OF WOR	
ed within 2 impletely fill ond 2 show	2	THER'S NAME FIRST M	Sartland NODLE LAST	13d INSIDE CITY LIMITS? YES NO. 1 15 MOTHER'S MAIDEN NO. FIRST	4702 Homer	AVEI
ond co	16a V	enjamin Frank vas deceased ever in u.s. ara ves, no or unknown) (if yes, give No N/A		Victoria 17 INFORMANT Paul R. H	McNee 6211 Brocawes Clinton.	ok Jane Dr.
equires that the death certificate by signed by the attending physiciar. Then please remove carbanpapers. To barrial, cremation, ar removal njury, ar ather traumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE Good in the course ion, which gove rise to immediate cause ion, storing the underlying cause last	ONDITIONS CONTRIBUTING TO DEAT IN BY ON BY: PY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) ONDITIONS CONTRIBUTING TO DEAT IN BY ONDITIONS	Arrest More Market Ma Market Ma Market Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	That Information GI	APPROXIMATE INTERVAL BETWEEN ONS AND DEATH VEN IN PART 1(a)
The law reicion. Ite hos beer nsit permit. rgiene prior shows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
HYSICIAN: nding physics certificate burial-trail Mental Hy or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2} COUNTY STATE
OR ATTENDING the hospital or att DIRECTOR. After Coched for use as it Coched for use os it Coched for use of the other If them 21 is marke		WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspin sow the deceased alive on obove, (I) (we) Hid) (did not 22b. SIGNATUBE	ol) ottended the deceased from	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	that (i) (we) lost our and from the couses stated
TO HOSPITAL etpined by the TO FUNERAL should be deter with the Stote		22d. PHYSICIAN'S NAME (TYPE OR	MOSTABN	22e. ADDRESS	29 4 Avi	nd 20031
BP	Bu		1	emetery or crematory	23d LOCATION CITY OF TOWN Arlington	county state
DHMH - 16 50M 1/76 (VR A 15 (4)) 663		JNERALDIRECTOR Lee F 1d Alexander	uneral Homes, Inc.	250 DA	AR 26 1982 Zame	TRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 26. HOUR Winifred HAWKINS March 6, 1982 3. SEX 4 RACE 5. DATE OF BIRTH July 2. 1898 EAR Female Cauc. 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wisconsin U.S.A. Prince George's County 10 CITY OR TOWN OF DEATH Doctors Hospital of P.G. County Lanham Retail Bow ie 13d INSIDE CITY LIMITS? 4410 Orlan Lane Mary land YESXX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME E Imer Winifred Engebretson Harrington 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bowie 166 SOCIAL SECURITY NO 17 INFORMANT medic 389-03-6254Girard P. Clark,4410 Orlan La., Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arrythmias - Condio Vascular Collapse Sepsis - prev monia - Renal Failure. gave rise to immediate cause to, stoting the Gangrene - C-A. D - Congestive Heart Fullere underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARterio scle kolis - leg ulcek. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? riol-transit 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET AT WORK AT WORK

March 220.1 certify that (1)"(the hospital) attended the deceased from sow the deceased alive on Harch 6 19 PZ and that in (my) (and apinian death occurred on the date and hour and from the causes stated

abave, (1) (we) (did nat) view the bady after death.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

HYSICIAN'S NAME (TYPE ORPRINT)

3/8/82

14300 Gallant Fox lane M. D (Bowie)

Brentwood, Mary land

Ft. Lincoln Cem.

BP.

should be detr with the State IMPORTANT:

24 FUNERAL DIRECTOR Beall Funeral Home 16000 Annapolis Rd. Bowie. Md.

230 BURIAL, CREMATION, REMOVAL

Cremation

DHMH - 16 50M 1/81 (VRA 15, 4)

Femile Canc. Joly 2,1898 1 63 visconsin U.S.A. Leaders 22374 Mared no P.G. Soule and police fail xxx sania central and a mamia mozon kam il ---- 789-07-625661rary P. Clark, bill Orl n La. Arrythmics - Coedilo Vascolore Collapse Separa - paco meni a . Renal for long. Gan saine - C.A. D - Congellist Heart Fallere Severe Anteres selecotes - teg vicen. 59 3 duery 28 1115 2 2 death

Cremation 3/8/82 Ft. Lincoln Sem. Brentwoor, Marel me Boall Funeral Hone 15000 Amnoclis Bor, Bowie, Mr.

fermit 1 Champling M. D. W. W. W. 1820

ESSENS CHAMPALOUX 14300 Gallant Fox our M.D (Bount)

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKITI	ICATE OF DEAT	п		REG. NO.				
	CEASED NAME	FIRST		MIDDLE	i.	AST		2a. DATE OF DE		ONTH	DAY YEAR	2b	HOUR
(I YPE	MARYETTA	TOME	PKINS	HAYWOOD				MARCH	6 1	982		6.	54 1
3. SEX			4. RACE	IMIWOOD	S. DATE C	DE BIRTH	6	AGE (IN YEAR			IF UNDER 1 YE		UNDER 24
					MONTH	DAY YE	EAR				MONTHS DA		DURS A
-	MALE IRTHPLACE (STATE OR		BLACK	WHAT COUNTRY?		UARY 25,	1938	44	CITY OF	YRS.			
	COUNTRY)	FOREIGN	16. CHIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRI	ED _	BALTIMORE					
	UTH CAROLI			STATES	WIDOWE			PRINCE	GEOR	GE'S	COUNT	'Y	
10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION		TYPE OF WORK FO			12b. KINI		JSINESS
ANI	DREWS AFB,	- Garage	MALCOL	M GROW US	AF ME	DICAL CENT		HOUSEWI			, , , , , ,		
	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIA	urco la	3e. STREET ADI	Darce				
	RYLAND			1 - 1 -	WASH	YES NO		1007 MC		ΙΙΜΔ	DR		
-	ATHER'S NAME	LIMIN	DE OHOIC	QL U II.	WINDII	15. MOTHER'S MAIL			MILLE	OTIZI	DIC.		-
ATO	FIRST		AIDDLE	LAST LAST		FIRST		N	AIDDLE			LAST	
	THUR FLE WAS DECEASED EVER	TCHER	TOMP!	KINS 1166. SOCIAL SECU	IDITY NO	MARY ELIZ				2	007		
	YES, NO OR UNKNOWN)		WAR OR DATES)			17. INFORMANT		WASHING			2074		
NO				244 86	9807	WILLIE M	HAYW	OOD JR	, 100	7 MO	NTEZUN	IA D)R
-	Conditions, if ony, gave rise to imm		(b)_	202	DRC		v mo.	NARY	Em	100	S		
NOI		mediate ng the last.	(b)	PR AS A CONSEQUE	PRE S ENCE OF S DIVER	/P DIVERT	ICULI S &	TIS WIT	CH PE	RFER	ATED ()N
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MEDICAL	gave rise to immove couse of storing underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER NOTIFY MED) 21d. IN JURY OCCUR! WHILE NOTIFY MED 22a. J certify that (I) sow the deceose above, (I) (we) (6) 22b. SIGNATURE	mediate ng the last. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this haspite ed alive on did) (did not)	DUE TO, O (c) (d) DUE TO, O (c) 19b, COND 19b, COND 19b, COND 21b, TIME C HOUR A. P. 21e, PLACE (AT HOME STI 1) attended the cond A D I view The body	ONTRIBUTING TO I	DEATH BUT OPERATION AY YEAR 19 ARM, ETC) FEB	POIVERT NOT RELATED TO THE WAS PERFORMED 21c. HOW INJURY (21f. LOCATION STREET 22 19. d that in (my) (aur) of DEGREE ATTENIC PHYSIC	ICULIS HE TERMIN OCCURREI Black B	TIS WITTER NATURE OF THE PROPERTY OF THE PROPE	PE P	RFER ZOB. IF YE IN CERTIFICATION YE IN ITEM 18. I	VEN IN PART S, WERE FIN FYING CAUS ES COUNTY 19 82 17 and from t 220 DA	DINGS ES OF I N That he cause	USED DEATH? IO STATI (I) (we) ses stated

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared should be detached for use as the burial-transit permit. Then please remove carbon paper. Faren I and 2 should be detached for use as the burial-transit permit. Then please remove carbon paper. Faren I and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIREC

Stewart/

Funeral

Home-4001 Benning

National Cemetery

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. N. MAR

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A		11	3.	/
	4 moy be		Total C	THE SECOND

completely filled in by the funeral di. . 1 and 2 should be filed within 72 har

carbonpopers. Pages

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

OR ATTENDING PHYSICIAN: The

HOSPITAL

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retained by the hospital or ottending physicio

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

medicol exam

injury, or other troumotic event, the

within 24 hours ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	STATE REGISTRAR	DEFARIM		ICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST OR PRINT) MARGA	RET A.		DERMAN	20 DATE OF DEATH MONTH	31-82	4 AM			
	3. SEX	0.	au Cabian	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 8 4 YRS		IF UNDER 24 HRS HOURS MIN,			
120		LIRFAX, Va.	USA	WIDOWE		PRINCE GEORG	0	nty MD.			
0	P	G. County F		Rehab	in other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWITE	LIFE) INDUSTRY	home			
		AL RESIDENCE (IF NURSING HOME OR OT ATTATE 131 COUNTY	13c EITY OR TOWN	,	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 27 th.	Ave.				
0	14. FA	THER'S NAME THOMAS	Campbe,	//	Sas Anna	WIDDLE	Beli	en.			
		VAS DECEASED EVER IN U.S. ARME (15, NO OR UNKNOWN) (1F YES, GIVE W	ED FORCES? 166. SOCIAL SECUR MAR OR DATES) 578-506		IT INFORMANT ELEANOR F	Smith Hillcre		Mal			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Lio	respirato	ry Orrest	APEROX	MATE INTERVAL			
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OK	HP 0						
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	Number 1						
	NOI	PART 2. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
2	CERTIFICATION	IN DATE OF OPERATION	18. CONDITION FOR WHICH O	PERATION	AS PERFORMED	IN CERT	ES, WERE FINDS TIFYING CAUSES YES []				
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR	27c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM II	3 PART OR PART 2)				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	RM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			

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WHILE

enended the deceased from sow the decored dive on obove, (f) (we) (did not) view the body ofte) death.

6 AUGUST 19 8 0 and that in (my lour) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN [PHYSICIAN

(TYPE OR PRINT)

NOT WHILE

Minchia

22e ADDRESS

DXONHILL

230 BURIAL, CREMATION, REMOVAL DONIA	4/2

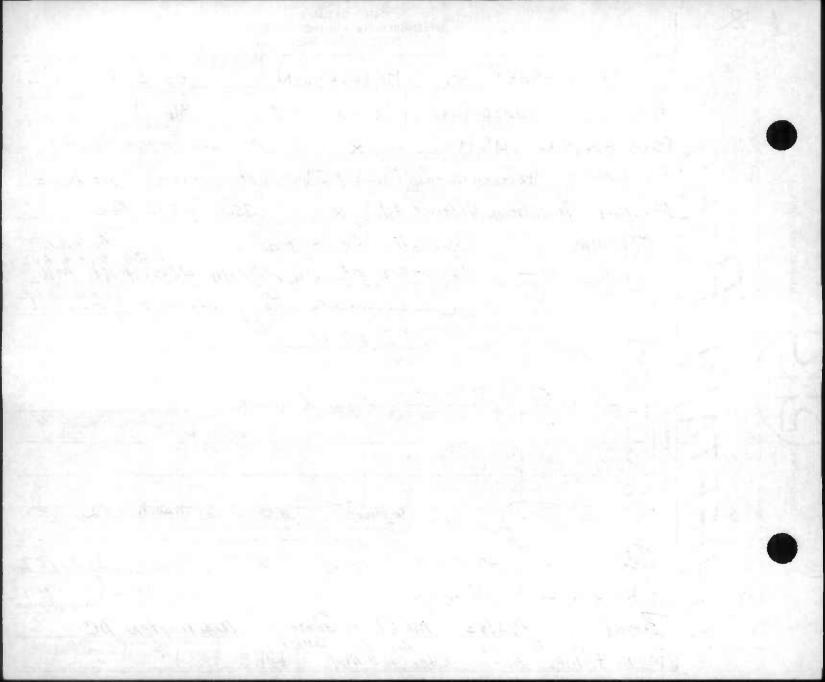
231. NAME OF CEMETERY OF CREMATORY Genetery

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

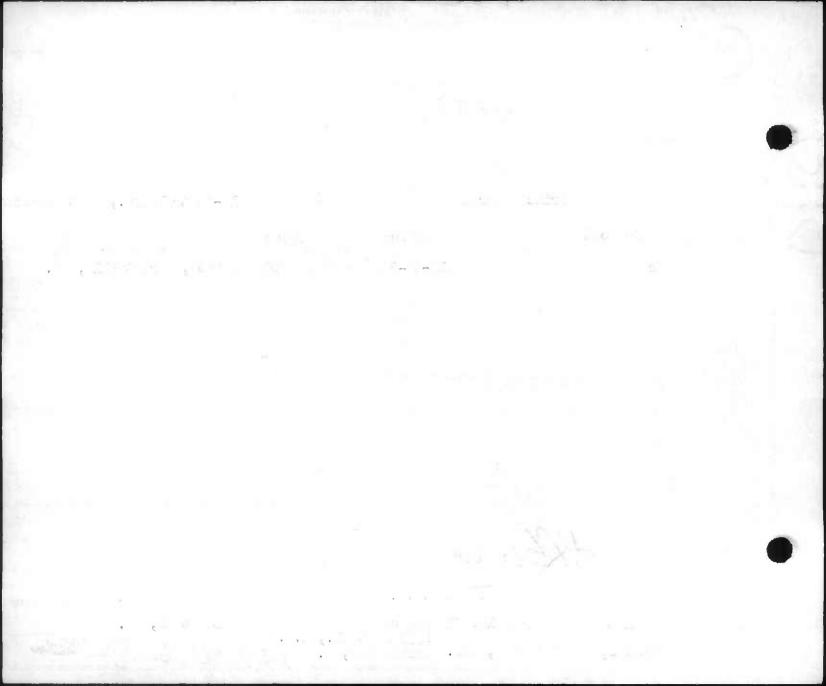
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24 FUNERAL DIRECTOR tonera NAME



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TIMORE, MD	TER DEATH. I	FORM PM 3.	SES 1 AND 2 S	ION OF VITAL	10
TON ST., BAL	24 HOURS A	LONG WITH	PERMIT. PAC	GIENE, DIVIS	N/A!
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS.	DIE THE CERTIFICATE, WRITING THE WORD. PENDING IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERA : 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR 3	uneral director: page 3 should be used as a burial -transit permit. Pages 1 and 2 should be filed, withii	R DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PREST	TAYOUR AND STORY OF TO BUILDING TO BE AND STORY OF THE PROPERTY OF THE PROPERT
AL RECORDS,	NULD BE EXECT	EF MEDICAL	SED AS A BUR	HEALTH AND	AI COCAAATIV
SION OF VITA	TIFICATE SHO	TO THE CHI	SHOULD BE US	PARTMENTOF	IGLIG OT GOLD
DIVIS	IER: THIS CER	FORWARDED	OR: PAGE 3 S	HE STATE DEF	NIC STOOL OF
	AL EXAMIN	HOULD BE F	RAL DIRECTO	ATH, WITH T	A IVO AAA DC
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/	1					STATI	OFMA	RYLAND								
N		FOR STATE			DEPART	MENT OF H	EALTH A	ND MEN	ITAL HY	YGIENE	- 3	1	1 7	.3	.)	6
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£ 77.87.3		CEASED NAM	F FIRST		MIDDLE		Į.A.	ST		20	DATE KNO		MONTH	DAY	YEAR 2	b. HOUR
MEST .		E OR PRINT)									OF ES	TI- =	MOITI	041	12.00	B. HOUR
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海巴生立屋	3. SE)		4. RACE	DATE OF BIRTH	WELD	6. AGE HIN YEAR	IF UND	R 1 YR. IF	UNDER 2				HTMOM	DAY	YEAR 2	2d. HOUR
ALDIRE YOUR N 72 H		male	black	6/2/17	19/15	36 YRS	MONTHS	DAYS H	OURS	MIN. PRO	DEAD)	3	7	82	10:07
N Y O I	70 BI	RTHPLACE (5	IATE OR	7b. CITIZEN OF WH		1				0.5	BALTIMORE	CITY OR		V OF DEA		10.W
JUNERAL DIR FOR YOUR WITHIN 72 PRESTON		reign country).			SA	AIKI?	MARRIED	NEVER	RMARRIE	D 🗆 🗀	BALTIMORE	CITTOR	COUNT	OFDEA	115	141
				U	OA.		WIDOWED		DIVORCE	D 🗆	Prince	Gen	anna	Count	tv	MD.
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WITH								F WORK	COUNT	OP BUSI	NESS				
	Cheverly Prince George General Hospital									OR IN	DUSTRY					
A5-80 -	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)															
ANY DE ANY DE RETAIN COULD BECORD	13a. S	A D	13b. 10QU	Mice George	13t. CIT	ORTOWN		d. INTINE CITY L	LIMITS?	13 c STREET	ADDRESS.	- T A-		0	70.7	
A THOUSE		TAID	7.1.3	Tice deorg	7				NO 🗌	00T5	-Centr	al A	ve.,	Seat	PIE	easan'
2, A 3. B 3. B ALR	14. FA	THER'S NAME					15	MOTHER'S	MAIDEN	NAME						
DEATH. MA PM PM AND 2 OKVITA	Raymond Henson							Agnes Queen								
								. INFORMAT			- 2	GRASC I	hom	ry La		-
PAGE FORM ON ON O	(Y	S NO, OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)						**				-		
JRS AFTER 3. GIVE PA WITH FOR T. PAGES I DIVISION		res			213	-42-385	2	Be.	verl	y Her	nson,	Fore:	stvi.	Lle,	MD.	17-194
S. S		18. CAUSE O	F DEATH (Enter o	nly one cause per line	for (a) (b) and (c))								APPRO	XIMATEIN	ITERVAL
D Z O Z Z Z		PARTIDE	ATH WAS CAUSI				of a	hdomon	1.1	laanaa	. Cl 4 -			BETWEEN	ONSET A	ND DEATH
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ZZAFZQ		16			AS A COI	NSEQUENCE OF								3-0		2.00
A A N. E. A.	-		ns, if any, which se to immediat													
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HAX AXX		lying cau	se lost.													
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NEDICAL WEDICAL AS A BUI ALTH AN CREMATI	-	PART 2 UTNER SI	BAILICANI CONDILION	CONTRIBUTING TO DEATH 1	BUT NOT REL	ATEO TO THE TERMIN	AL DISEASE DI	CONDITION GIV	VEN IN PART	1 0						
SACOR	ō															
	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b CONDIT	ION FOR	WHICH OPERA	TION WAS	PERFORME	D?					20 AUTO	OPSY?	
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AORD "P AORD "P E CHIEF BE USED NT OF HE BURIAL,	12	210 EXTERNA	L CAUSE WAS	21b. TIME OF	INITIDY		111. 404	/ INTUINING CO	CCURRER					YES	XX	NO []
FICATE VO THE VOULD OUTD OR TO SE TO	Ö	UNDERLYING		HOUR A.M	MONTH		ZIC HOW	INJURTOC	CORRED	LENIERNATU	IRE OF INJURY IN	I ITEM 18 PAR	IT I OR PARI	7 2)		
ERTIFIC ING TH IS TO IS SHOU EPART PRIOR	3		G CAUSE OF				sub:	iect s	hot							
PRI SEP	03	21d. INJURY C	OCCURRED	21e PLACE C	F INJURY	(AT HOME,	21f. LOCA	TION						Dwir	100 (GeoCo
S S S S S S S S S S S S S S S S S S S	Σ	WHILE AT WORK	NOT WHILE	xx Gril	ORY, FARM, E	ITC.)	STRE		11 0		TY OR TOWN		COU	MAL III	ice (36000
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DICAL EXA TE THE CER 4 SHOULD NERAL DIR NORE, MAR		SIGNATURE.	//)	0	-		M.D.	H221	Stan	MEDICA	LEXAMINER	?	SIGNED)3	1/8/8	32
NO PER TON		EXAMINER'S	NAME .	-	_											
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	-	(TYPE OR PRI	VT)	formez R.	Guard	M.D.	AD	DRESS	111	Penn !	Street	_Bal	to MI	0 212	01	
PAGE AFTI	23a.Bl	JRIAL, CREMA	TION, REMOVAL			NAME OF CEME				123d LOCA	TION					
	(5	BURIAI		March 12,		Harmony				CITY OR T	Landov	er. 1	COUNT	Y	STATE	
BP		INERAL DIREC			I	4339 Hu		141	TO ATE OF					01117167		
DHMH - 17				L HOME ADDREE	VC.	Maghina	ton	D C	100		GISTRAR 25	REGIST	KARTSI	GNATA	The	100
(VR A15 ME (5)) 15M 2/80	_ '		3 LOIVIAGE	نيد وسينانا سد		Washing	COM	D.O.	MAR	8 1	1982 6	Buch	6	sand le	~u~	
13M 2/ 6U																



completely filled in by 1 and 2 should be filed

transit permit. and Mental Hygiene pr After this certificate has

should be detached for use as the with the State Dept. of Health TO FUNERAL DIRECTOR:

(VRA 15, 4) 1/79

BP.

IMPORTANT: If Item 21

executed within 24

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 👸 🚉	U.	1	S da 1
	EASED NAME	FIRST		MIDDLE	1	LAST .	2ª DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	ch r knery	Rose		A.		Hess	March 24	1982		5:50A.M
3 SEX			4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female		W	hite	Jun		79	YRS	ATT DATE	INCORS IMME
	THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH	
Per	nnsylvani	a	U.S	.A.	WIDOW		Prince Geor	ge's (county.	MD.
10 CI	(Y OR TOWN QF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
	attsvill	-		Care Nurs		ome	Housewife		Own	Home
USUA 13a. S	L RESIDENCE (IF NO	ITSING HOME OF		GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			18
Mai	ryland	P.(Hyattsvi		YES NO	6500 Rigg	s Road		
14. FA	THER'S NAME		WIDDLE	LAST		IS MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
Lo	uis		B.	Erny		Anna			Hard	ern
	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	55 3801	Kenil	worth Ave.
No				167-26-5	5216	Adelaide Dal	ey Bla	densbu	rg,Mar	
	PART I. DEATH	WAS CAUSE	nly ane cause per D BY TE CAUSE (a)	Ceke	BRA	1 VAGCU	LAR HEL	idnet	BETWEEN	HATE INTERVAL
	Canditions, if or		DUE TO, O	RAS A CONSEQUE	NCE OF	laratic CAT	die Unseu	la Pisso	ie 2	Pyrz-
	gave rise to in couse 101, sta underlying cau	ting the	DUE TO, O	RAS A CONSEQUE	LE OF	Demen	tie		70	ogro.
NOIL	Cor	iges	live	Hear	6	NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED	CAUSE OF DE	ALIT	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)	
MEDICAL	21d. INJURY OCCU	WHILE WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE

220.1 certify that (1) (4th trosports) attended the deceased from 4-21 sow the deceased alive an 3-24-92 19 _____, and sow the deceased alive on 9-4-82-above, (1) (ma) (did) (did not) view the bady after death

DEGREE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (even) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION REMOVAL Burial

23b. DATE 3-26-82 23c. NAME OF CEMETERY OR CREMATORY Northside Cath.Cem.

23d LOCATION Pittsburg

COUNTY Allegheny

STATE Pa.

24 FUNERAL DIRECTOR DHMH-16 25M

Gasch's Sons F.H. P.A. Hyattsville, Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

70, 2 -07, 270 one in the second of the secon Margand P.A. Eyettaville x (500 Disea Tond 1597 7801 Kenilworth lve. 107_90_role thehride taley Bladen burn, burchand Date of the state of the state of the state of turist "-92-" Northside Dtl. Fra. eittshure Bleebear Ph. y. Landy a cons P. B. T. L. Byntisville, Md.

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in my third should be detached for use as the buriol-transit permit. Then please remove carbanopapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the medical exa

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Grap		

0 7 3 2 8

	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	Ο.		
	CEASED NAME FIRST ESTE		WIDDLE	HE	NSON	20. DATE OF DEATH	-21-82	DAY YEAR	26 HOUR 9:50AM
3 SE	X	4 RACE		5. DATE C				IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Black		De		57	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) ash., D. C.	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	_	9 BALTIMORE CITY OF PRINCE			TY
(TY OR TOWN OF DEATH CHEVERLY	PRINCE	E'GEORGES	PENE	RAL HOSP.	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O		E) INDUSTRY	F BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME OF STATE Md.		Give residence before 13c CITY OR TOWN Glenarder		13d. INSIDE CITY LIMITS? YES** NO [13e. STREET ADDRESS 2910 Reed	Street		
	ATHER'S NAME FIRST NOMAS	MIDDLE He	enson		15. MOTHER'S MAIDEN NA. FIRST Kather	MIDDLE	Bro	ooks	T
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR ORDATES)	166 SOCIAL SECUI 219-12-2		Mr. Robert	ADDRI J. Jones/so	ESS		et, N.E.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((b) DUE TO, O (c)	RAS A CONSEQUE	NCE OF	RECTUM		DITION GIV	EN IN PART 1/c	
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	, WERE FINDIN YING CAUSES	GS USED
	210 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	NI I	PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STO	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC]	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that () (this hospi saw the deceased alive on above, (1) (we) (did) (did no	3-21	19 8		9 19 8 2 nd that in (my) (our) opinian (21 ate and hour	and from the	that (f) (we) last causes stated
	22b. SIGNATUREY	7			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		3/2.	1/82
	22d. PHYSICIAN'S NAME TYPE O	R PRINT)			22e ADDRESS			1	/

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR John T. Rhines Co., 3015 12th St., N.E., D.C.

236. BURIAL, CREMATION, REMOVAL Burial

23h DATE 3-27-82

ILLIAM A. LANDES M. S.

23c. NAME OF CEMETERY OR CREMATORY Harmony Memorial

23d LOCATION
CITY OF TOWN
Landover,

Md.

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR 20017AR 3 1 1982

CHANNELL LATT C'E CENSOES CENEUR 1026' ATTACK TRANSPORT OF TRANSPORT the state of the second

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MEN' ICATE OF DEAT		ENE 8	REG. NO.	0	7 3	2 9
	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE	ı	AST		2a. DATE OF	DEATH MON	TH DAY	YEAR	2b HOUR
	3. SE	v	James	4 RACE	m.	HI 5. DATE C	TAFFER			rch		982	9:45 am
		Male		White			. 1, ⁰ ^1.908	YE AR	74		YRS.		HOURS MIN.
3		RTHPLACE (STATE COUNTRY) Virgi	nia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARR			ecity <u>or</u> co		DEATH	MD.
83		ity or town of Lantham	DEATH		OSPITAL, NURSIN		GEBRGES C	OUNTY	12ª USUAL O (TYPE OF WORK I	CCUPATION OR MOST OF WO Lerk			FBUSINESS OR POST Offi
35	13a. S	AL RESIDENCE (IF P	13b COUN		GIVE RESIDENCE BEFORE 13c: CITY OR TOW Laurel		13d. INSIDE CITY LI		13e. STREET A	Box 2	31		
100	14 FA	ATHER'S NAME FIRST John	D.	WIDDLE Hitaff	er		15 MOTHER'S MA Selen		В.	Soph	er	LAS	7
1		YES NO OR UNKNOWN)	PER IN U.S. AR	MED FORCES?	21.3 05		Alice L	. Hit	affer	ADDRESS sam	e as	above	
7	CERTIFICATION	Conditions, if cogove rise to couse (a), shi underlying co	immediate oring the use last	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO T	HE TERMI		11UP 1	DN GIVEN He arl	Jan	lure
9		210. ACCIDENT WAS OR CONTRIBUTING [{IF EITHER NOTIFY N	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE		NO	YES [NO 🗌
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FA		211. LOCATION STREET		-	CITY OR TOWN		COUNTY	STATE
		220. I certify that	(I) (this hospi	al) attended the	deceased from	84, on	d that in (my) (aux) DEGREE	opinian d	eoth occurred	on the date o		d from the	
1		22d PHYSICIANS	COLUMN TO SERVICE DE LA	SINGE	R		22e ADDRESS	115		Maria		15 1	1020783
		BURIAL, CREMATIC	N, REMOVAL	23b. DATE			METERY OR CREM	ATORY	23d LOCAT		co	DUNTY	STATE
	24 FL	UNERAL DIRECTOR			al Howe,	<u> </u>				GISTRAR 2314 982	PANEL	2 1	族

A Carton a state of the second diction of the control of the contro

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		1	A	~		
	/		1			

executed within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 2

APR 1 1982

173;

	- STATE REGISTRAR				CERTII	FICATE OF DEATH		REG.	NO.		
	ECEASED NAME	FIRST		MIDDLE	1100	LAST	2e. DA	TE OF DEATH		DAY YEAR	26 HOUR
		YVONN	C	L.	HOGA	4N			03-2	3-82	5:12AM _M
3. St			4 RACE		S. DATE			(IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
1	Female	34.00	Black		12	-4-1941 YE	^{AR} 41		YRS.	MONTHS DATS	HOURS MIN.
	COUNTRY)	FOREIGN		WHAT COUNTRY	? 8	NEVER MARRIE	0	IMORE CITY	OR COUNT		
N	ew York		U.S,A.	1	WIDOW		I PP	INCE GE	ORGE '	S COUNT	Y MD.
	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTIO	N 120 US	UAL OCCUPA		126 KIND (OF BUSINESS OR
	EVERLY					RAL HOSPITA	AL Ho	usewif	2	(IFE) INDUSTRY	
13a	JAL RESIDENCE (IF NUR STATE	13b. COUN		13c. CITY OR TO		113d INSIDE CITY LIM	ITS? Ise ST	REET ADDRESS	S		
1	Md.	P.G.		Oxon Hi	11	YES X NO		2 Alice			
14. F	ATHER'S NAME		WIDDLE	LAST	Mac	15. MOTHER'S MAID		MIDDLE			
1 1	Louis			ackson		Heneritt	a	WIDDLE		Marti	ST
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADD	RESS	Md.	
	No	(11 123, 014)	WAR OR DAIES	Unk.		Dimitri	R Hoga	n 214	Alic	ο Δινο	Oxon Hill
	18 CAUSE OF DEAT	H Enter on	y ane cause pe		ndr(c).1		//	7			ONSET AND DEATH
	PART I. DEATH V		E CAUSE (o)_	ierd	Lac	o ar	est	7			
	13481	IMMEDIA		2 15 1 50 1550	ENICE OF				_		
1	Canditions, if any	which	(,b) (AS A CONSEQU	JENCE OF	encer	chalo	wat	(1)		
	gave rise to im	mediote	200	an a	ELICE OF				1		
-	underlying cause		DOE TO, C	OR AS A CONSPOL	7						
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL DI	SEASE OR CO	NDITION G	VEN IN PART 1	ia:
CERTIFICATION		10/1	+								
S F	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
E							YES	□ NO□		IFYING CAUSES	NO
, I	218. ACCIDENT WAS UN	No. of		OF INJURY	AV VEAD	21c HOW INJURY O	CCURRED (EN	TER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
NA NA	OR CONTRIBUTING		In .	M. MONTH L	19						
WEDICAL	21d. INJURY OCCUR	RED		OF INJURY		211. LOCATION		CITY OR	COLAVEL	COUNTY	STATE
×	WHILE NOT WE	HILE D	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		2/	IOWN	(D) (2)	STATE
	220.1 certify that (1)	(this haspit	al) attended th	ne deceased from.	57	14 19	82 10.	5/2	3	19	that (I) (we) lost
-	saw the deceas	ed alive on	(view the hads	Je 19	8201	nd that in (my) (our) a	pinion death oc	curred on the	date and ho	ur and fram the	couses stated
	22 SIGNATURE	J. J.	/	oner deam.		DEGREE				77c DATE	SIGNED /_
	()	2	1	7	m.I	ATTEND	ING MEDI	CAL ST	AFF	13/	23/82
	27d. PHYSICIAN'S N	AME ITTE	PRINT	V		22ª ADDRESS	, , ,			-/	1
	101	ep'h	0	aug ha	~	6499 L	an dod	es R	d. c	Lesella	. Md.
23a	BURIAL, CREMATION,	REMOVAL	TIN DATE		NAME OF C	EMETERY OR CREMAT	TORY 23d I	OCATION		-	/ / ()
I	Buria1		3-27-	2/20				Suitlar	d. Md	COUNTY	STATE

716 Kennedy St. N.W. D.C.

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

Johnson & Jenkins

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion ond campletely filled in by the fashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physicion.

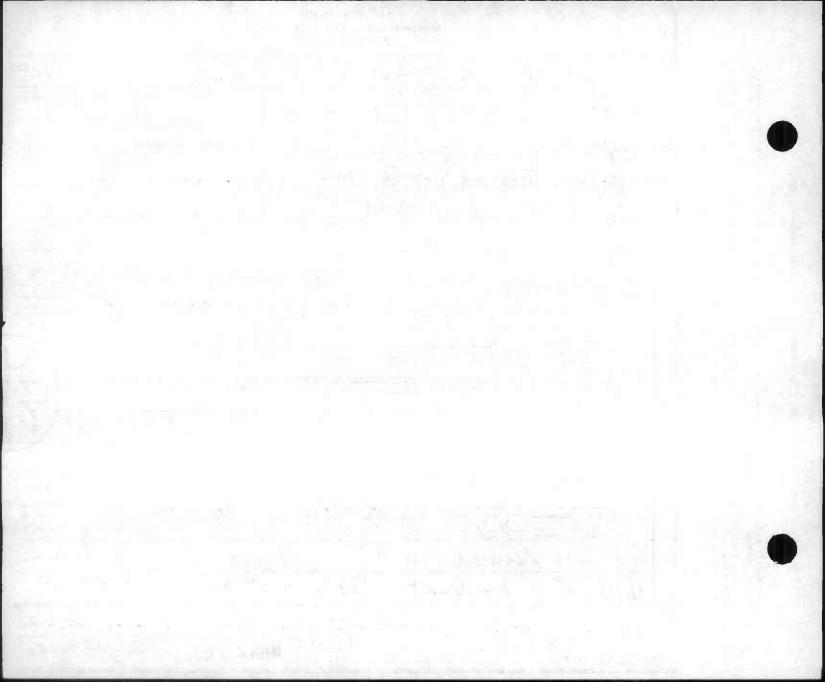
I them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

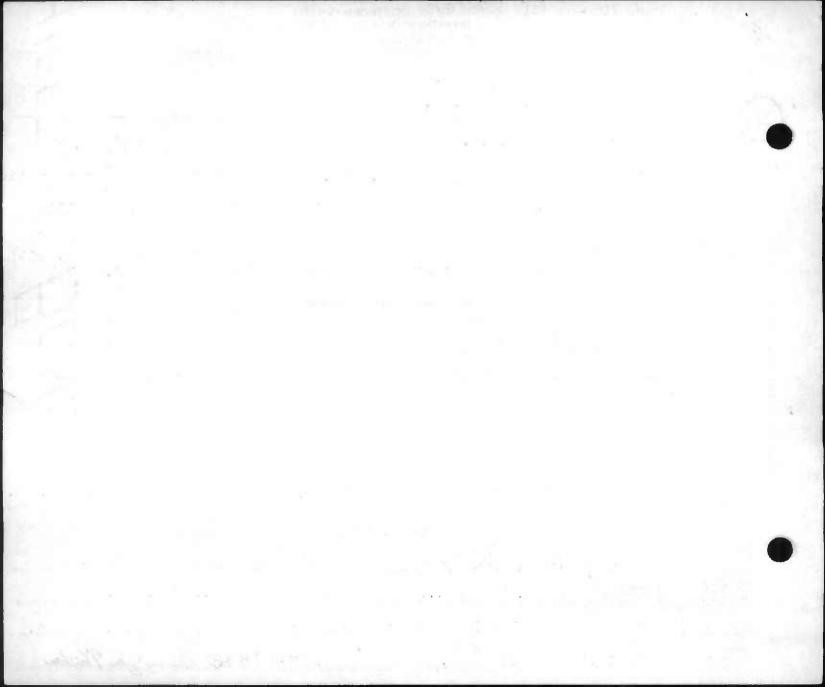
MT15 MRS CD 3/38/059 30/125 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

		FOR STATE		DEPART		EALTH AND MENTAL	HYGIENE	2	U	1 3	2)
		REGISTRAR				ICATE OF DEATH		REG. NO			
		CEASED NAME FIRST	-	T.	Hol	115	4.	ordeath	15. 14	YEAR F 2	26 HO
	3. SE	male	1 RACE Cau	u.	5. DATE C			N YEARS LAST BIRT		UNDER I YEAR	HOURS
ot ence.	W	IRTHPLACE (STATE OR FOREIGN COUNTRY).	76. CITIZEN OF W	VHAT COUNTRY	? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	101	NORE CITY OF	ecounty o	F DEATH	V
notified	F	orestville	Regence	FACILITY, GIVE STREE	A LING	Home		C. F		126. KIND OF INDUSTRY	BUSIN
33	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	UNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOV Forest	WN	13d. INSIDE CITY LIMITS		1 Don	nell I	Drive	
2 of suite	14. FA	James	MIDDLE	Hollis		15 MOTHER'S MAIDEN Flore	NAME	WIDDLE		Smith	
medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	Unknow		17 INFORMANT Edna M. H	ollis,	Wife		e as i	Abo
y, ar other tra		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)	AS A CONSEOU		NOT RELATED TO THE T	ERMINAL DISE	ASE OR COND	OITION GIVEN	IN PART 110	1
20	NO NO										
2 mons and inline	TIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		VERE FINDIN NG CAUSES (OF DEA
an 18 shows any initial and a shows a show a shows a shows a s	AL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF HOUR A.M	- Injury a. month c	DAY YEAR	N WAS PERFORMED	YES [NOB	IN CERTIFYIN YES [NG CAUSES (OF DEA
2 and inline 18 shaws any inline 2 and inlin	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF HOUR A.M	EINJURY A. MONTH D A.	DAY YEAR	-	YES [NOB	IN CERTIFYIN YES [YIN ITEM 18 PART	NG CAUSES (NO [
m 21 is marked ar Item 18 shaws any injur		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1)F EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY NOTIFY MEDICAL EXAMIN	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME STRE	FINJURY A. MONTH D FINJURY OF INJURY Jeccessed from.	DAY YEAR 19 FARM, ETC)	21f. LOCATION STREET 19 10 d that in (my) (Awr) apin	YES CURRED (ENTER	NO BOUNTER OF INJUR	YES [YIN ITEM 18 PART	OG CAUSES (NO [
NNI: If them 21 is marked ar them 18 shows any injur		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE CONTRIBUTION OF COURTED WHILE AT WORK AT WORK AT WORK OF COURTED Sow the deceased alive a above, (I) (we) (did) (did 27b. SIGNATURE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME STRE PINEL) oftended the point view the body of the control	FINJURY A. MONTH C A. FINJURY FINJURY GET, FACTORY, OFFICE, Jdeceased from, 19 ster death.	DAY YEAR 19 FARM, ETC)	21c. HOW INJURY OCC 21f. LOCATION STREET And that in (my) (aux) apin DEGREE ATTENDING PHYSICIAN	YES	NO BY NATURE OF INJUR	VN CERTIFYIN YES [VN ITEM IS PART VN 19. te and hour of	OCOUNTY	NO [
IMPORTANT: If them 21 is marked ar them 18 shows any injur	MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 27a. I certify that (I) (thus been saw the deceased alive of the control of	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREED) OTTENDED TO THE MENT OF THE MEN	INJURY A. MONTH D A. DE INJURY DET, FACTORY, OFFICE, Ideceased from, ofter death. 19 11 11 11 11 11 11 11 11 1	DAY YEAR 19 FARM.ETC)	21c. HOW INJURY OCC	YES CURRED (ENTER	NO BNATURE OF INJUR	VN CERTIFYIN YES [VN ITEM IS PART VN 19. te and hour of	OG CAUSES (NO [

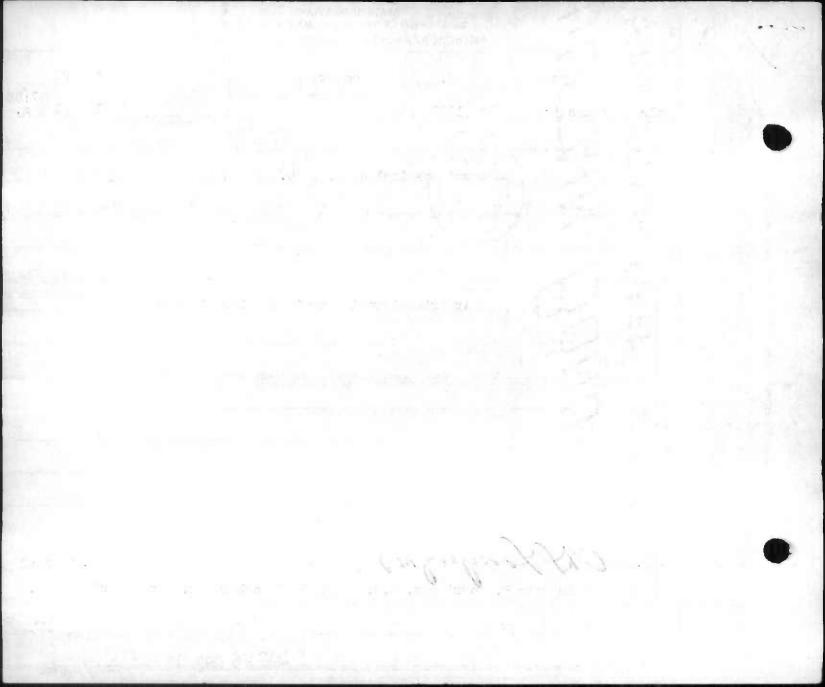
BP DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital ar attending physician.





	-				SIA	ATE OF I	MARYLAND				
1		OR TATE			EPARTMENT OF	HEALTI	AND MENTAL HY	GIENE	0	1 3 3	3 3
L		EGISTRAR		MED	DICAL EXAMIN	NER'S	CERTIFICATE OF	DEATH	REG. NO.		
1.		EASED NAM	E FIRST		MIDDLE		LAST	2a. DATE KN	NOW NOW	TH DAY YEAR	26 HOUR
П	{TYPE	OR PRINT)	John	Ant	hony	1	101	OF E	ATED 8 3	6 1982	
3	SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN Y				MONT		R 24 HOUR
		. 1 .		1 28	YEAR LAST BIRTH	DAY) MONT	IN ONDER E	MIN PRONOUNCE	ED _		124 HOUR 6:30
1		THPLACE (S	White	76 CITIZEN OF WH		rs.		DEAD	3	8 182	M
	FOR	EIGN COUNTRY)				1	IED NEVER MARRIED	الماد			
		ted Ki		United I		WIDOV			e George		
["			0, 02, 11, 11	(IF NOT IN SUCH FAC	PITAL, NURSING HOM	E, OR OTH	HER INSTITUTION	FOR MOST OF WORKIN	TION (TYPE OF WOI G LIFE)	OR INDUS	STRY
L			Heights		allas Plac			Business M	anager	High So	chool
13	JSUAI 3a. ST	RESIDENCE ATE	113h COUN	ITY	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	3e STREET ADDRESS			1.1.18
		MD	Princ	e George's	Marlow He	eight	YES NO	4537 Dall	as Place	5	
Ī	4 FA	THER'S NAME		MIDDLE	1.07	-	15. MOTHER'S MAIDEN	INAME			
1	,1	ames		MIDDLE	Holt		Unobtair	nable MIDD	···	LAST	
10	60. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS		
	(YES	NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	218-76-1	157	Thomas (Cox 900 E.	Maple A	Ave., Vie	enna, VA
=	T		F DEATH /Enter on	ly ane cause per line		171	L		•		ATE INTERVAL
		PARTIDE	EATH WAS CAUSE	D BV		chat	wounds to c	boot and -	hdomon	BETWEENON	SET AND DEATH
		911	MMEDIA		AS A CONSEQUENCE		woulds 10 C	liesi alia c	andomen		
		Canditia	ns, if any, which	DOL 10, OK	- A CONSEQUENCE	OI .					
1			se to immediate) stating the under-	, , , , , , , , , , , , , , , , , , , ,	C L CONICEOURI						
ı		lying cau		DUE TO, OR	AS A CONSEQUENCE	OF					
ı				(c)							
	,	PART Z OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PART	1 (0).			
	CERTIFICATION	10 0 177 00									
	CA	IVO DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	ration v	AS PERFORMED?			20 AUTOPS	Υ?
	TIF									YES 🔯	NO 🗌
	CE	210. EXTERNA	AL CAUSE WAS	216 TIME OF HOUR XXX	MONTH DAY YEA	R 21c. H	OW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2}	
	N N	CONTRIBUTI	NG CAUSE OF		3 6 19 8		bject shot				
	MEDICAL	21d. INJURY C	OCCURRED	21s PLACE C	FINJURY (AT HOME	21f. LC	CATION	CITY OR TOWN			
	2	AT WORK	NOT WHILE &		me	453			ow Hats.	P.G. Co	STATE Md.
	- 1			pe of the remains desc	The second	1	TVN.				· · MU·
				0 / I	O P	Africa	Province Province	L, Inquiry L_	」, and in my	apinian	
		death result	ed from Noth	gilkeluser 🗀 .	77	uicige		Undetermined mann	er .		
1		ACTUAL	1	LADRE	My May	1	TITLE (SPECIFY)	o f	DA	TF 7/	0.702
+		SIGNATURE.	/0	voyay	J-7000	4	Deputy Chi	EMEDICAL EXAMIN	ER SIG	NED 5/	9/82
1		EXAMINER'S		Thomas	D. Smith,	MD	111	Penn St.	Balto,	MD	
1	-	TYPE OR PRI								14D.	
2:				73b DATE	23c. NAME OF CE		R CREMATORY	23d LOCATION CITY OR TOWN Alexandri	C	OUNTY	VA ^{TE}
L		Cremat:		3-20-82							VA
2		NERAL DIREC	TOR	Mone	y & King F	unera	1 Homeson DATE RE	C'D, BY REGISTRAR	25b.REGISTRAP	SIGNATURE	ÒC.
					W. Maple A	ve.,	Vienna	100C		Ar	
-				VA 2	2180		MAR 4 D	198/ 11/5		and the second	



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OR P
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or ottending physician.
SPII
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and compilate tilling in the should be detached for use as the busial-transit permit. Then please remove carbon papers. Fogur 1 and 2 thou die tild with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICAE

3	2	Ü	1	8	3	5

- STATE REGISTRAR	DEI AII	CERTIFICATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) VIRGIL	EDWARD	HOWARD	MAR	CH 26, 1982 9:40 PM
3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
MALE	WHITE	SEPT 01 1908	7.3	YRS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED XX NEVER MARRIED		
MISSOURI	USA	WIDOWED DIVORCED		ORGES COUNTY MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 126 KIND OF BUSINESS OR
ANDREWS AFB	(IF NOT IN SUCH FACILITY, GIVE STRE		Captain	
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO			Coast Guard
DET AWARE CHC				ED DDT***
DELAWARE SUS	SEY KEHOPOL	H BEACH YESXX NO [Didit	ER DRIVE
(Unknown)	MIDDLE LAST HOWA	FIRST	WIDDLE	COMPTON
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRES	VA. 2204
	I-Korea 220-34	-3970 JEFFREY H	HOWARD 6414 S	HADY LN FALLS CHURC
18 CAUSE OF DEATH (Enter o	nly one couse per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (0) MeTastas		Carcinana	4 month
Canditians, if any, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ			
underlying couse last.	(c)			
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \sigma \text{NO} \sigm
210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	
OR COLUMNIA CALLES OF OF		DAY YEAR		
OKCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211, LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC) STREET	CITY OR TOW	N COUNTY STATE
22a.t certify that (1) (this hasp	tol) ottended the deceased from	02	, 10	12, 19 82, that (I) (we) last
boove, (ii (we) (aia) (aia no	t view the body ofter death.	the men in (m) (con) op.	nion death occurred on the date	e and hour and from the couses stated
22b. SIGNATURE	pla - 1	DEGREE ATTENDIN PHYSICIA		
22d. PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADDRESS		
ALFRED J HO	0	MALCOLM G	ROW USAF MEDCE	N/AAFB MD 20331
23a BURIAL, CREMATION, REMOVAL (SPECIFY)	March	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COLAIN
CREMATION	130, 1982 M	etropolitam Cr	em Alexand	dria. Virginia
CREMATION 24 FUNERAL DIRECTORIVES 1	130, 1982 M	letropolitan Cr	em. Alexand	dria, Virginia

DHMH - 16 50M 1/81 (VRA 15, 4)

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BALTIMORE. 201 DIVISION OF VITAL RECORDS.

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DHMH-16 20M (VRA 15, 4) 7/7B

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH 2k HOUR (TYPE OF PRINE) 4:00 Hoyert. Sr. March 2, 1982 John Harry AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 3. SEX 5 DATE OF BIRTH MONTH VEAR MONTHS DAYS HOURS Male White May 6. 1888 YRS To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Prince George's County WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY College Park 4613 Calvert Road - Apt - # 1 Engineer U.S. Gov't. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS College Park 4613 Calvert Road - Apt - # YES TO NO [] Maryland P.G. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hoyert Rebecca Reichart George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Same as (IF YES, GIVE WAR OR DATES) 36 5858 Evelyn B. Hoyert No# 13e. W.W.I Yes -Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Acute myocardial infarction PART I. DEATH WAS CAUSED BY few hours IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse to), stating DUE TO, OR AS A CONSEQUENCE OF underlying lost couse Diabetes mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES M NO I 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK o Jan. 10 80 220.1 certify that (17)(this hospital) attended the deceased from, sow the deceased alive on Oct. 31 obove (1) (we) Gid) (did not) view the body after death. and that if (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Azher Hussain, M.D. March 2,1982 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Azher Hussain, M.D. 4917 Edgewood Road - College Park, Maryland 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE COUNTY Cremation 3-3-82 Ft. Lincoln Crematory Brentwood Maryland 24 FUNERAL DIRECTOR STOPARREE D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Gasch's Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND

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certificate be executed within 24 hours Examiner Medical requires that the death Released by

PHYSICIAN: The low

retained by the hospital or attending physician

TO HOSPITAL OR ATTENDING

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256 15 TRA

1982

		REGISTRAR		CEKITE	ICAIE OF DEATH	REG. N	0.		
		CEASED NAME FIRST CLIFTON	MIDDLE	JAC	KSON	20 DATE OF DEATH	MONTH DAY	1982	26 HOUR
	3 SE	MAle	Black	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE , LATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	DIVORCED	Prince Ge		DEATH	MD.
i a	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF INDUSTRY	BUSINESS OR
7		anham	Doctors' Hosp	ital of	Pr. Geo. Co.	Retined	T WORKING [IFE]	RAILA	OAd
6	13a. S	AL RESIDENCE (IF NUR) NO COR OUN AL P. C THER'S NAME FIRST	13c. CITY OR	ple	13d. INSIDE CITY LIMITS? YES NO DO 15 MOTHER'S MAIDEN NAI FIRST	ME MIDDLE	ock land	Ad.	
		ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO.	Budge Jack.	ADDR	185 18513 E		
		Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	D BY: TE CAUSE (a) Paral DUE TO, OR AS A CONS (b) CAA DUE TO, OR AS A CONS (c) SUS	io Pur EQUENCE OF Diac EQUENCE OF MI d	0000	d Sri zwi		15mi	nate interval Anter and Death Nutri
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF HY FENTING		Alseas	V ()	200 AUTOPSY?	206. IF YES, W	VERE FINDING	
	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	19	211. LOCATION STREET	YES NOW			STATE
		22a I certify that (I) (this hospi saw the deceased alive on abave, (I) (we) (did) (alideo 22b. SIGNA		19 <u>82</u> , an		MEDICAL STAL	FF	22c. DATE SI	IGNED
	20.	HEMA P.	YADLA		1100	INN'S LAN	√E Lai	nham, l	Maryland
	230 B	URIAL CREMATION, REMOVAL	23b. DATE 3-6-1982	DORSEY	CEH.	GLENDALO	F. P. G.	OUNTY NO	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR

1250. DATE RE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the list should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	7	3	3	5

KEGISTRA	R				REG. N	0.		
1. DECEASED NA (TYPE OR PRINT)	ME FIRST Jeremiah	MIDDLE J	effer	son	26. DATE OF DEATH	17,198	2 YEAR	3:24 A.M.
3 SEX Male	4.	RACE	S. DATE C	of Birth uary 26,1932	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE COUNTRY) Delawa	re	U · S · A ·	WIDOWE		Prince Ceo	rges C	ounty	MD.
Oxon Hil	l,Md.	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 2607 Southern	Avenue	e.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
130 STATE	Prince	Georges, Uxon	Nill,	YES NO .	13e STREET ADDRESS 2607 Sout	hern A	venue	
Edward ^{RST}	MIC	Jeffers		Haffhah	WIDDLE			erson
160 WAS DECEAS	SED EVER IN U.S. ARMI NOWN (IF YES, GIVE W			Dennis W, Jei			Vine S	eishta, Mo treet MATE INTERVAL ONSE AND DEATH
gove rise couse (counderlying PART 2. 01	s, if ony, which to immediate to immediate couse lost THER SIGNIFICANT CO	DUE TO CONTRIBUTING TO	DEATH BUT	· ·	y Lu Co	20b. IF YES	WERE FINDING CAUSES	
OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, N WHILE AT WORK 270.1 certif sow 11 obove. 27b. SIGNA	ne deceased alive on	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 1) ottended the deceased from 19 20 20 20 20 20 20 20 20 20 2	FARM, ETC.]	22e ADDRESS 2041	CITY OR TO	MN Sote and hour	COUNTY 19 22 . and from the 22c. DATE	
Buria		March 22,1982.1	Washir	EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN Cemetery, St	uitlan	COUNTY	STATE
24. FUNERAL DIR	CENTO ON	Home 3447-14t.	ashin	ston, D.C.	R 19 1982	PANCA	1/4	Harthen

Home, 3447-14th

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DHMH-16 60M 1/73 (VR A 15 (4))

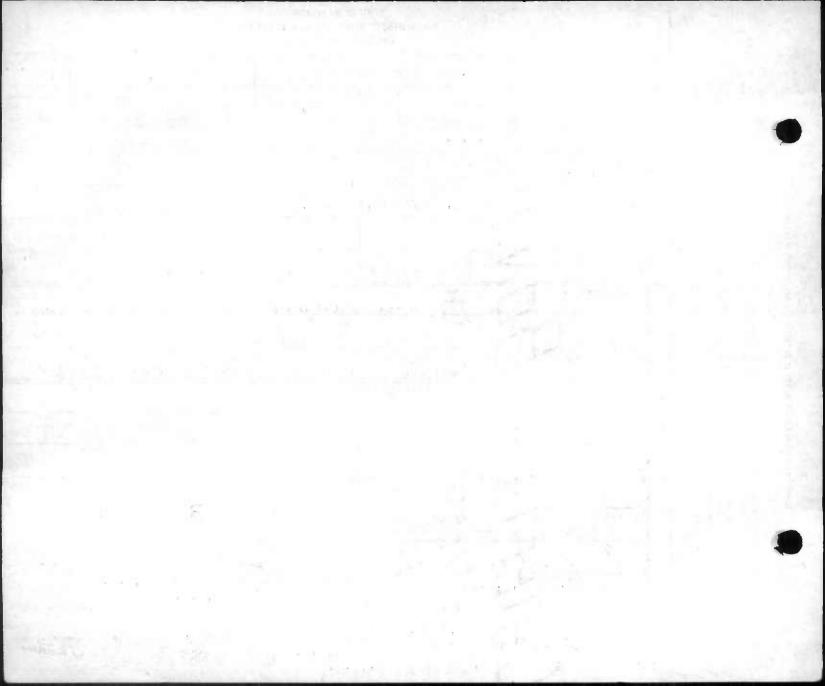
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral should be detached for use as the burial-transit permit. Then please remove carbanpapers-Pages 1 and 2 should be filled within 72 hould be detached for use as the burial Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other troumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

retained by the haspital ar attending physician.

Charles settled



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REGISTRAR				CERTIF	FICATE OF DEATH REG. NO.						
o		CEASED NAME	FIRST	M	NODLE	L	AST	20. DATE OF DE	ATH MONTH	DAY YEA	R 26. HOUR AIV		
Se	(TIPE	OKPRINI)	CLARA	LOUIS	SE WHYLI	Y JO	HNSON	MARCH	13,	1982	3:10 M		
	3. SE)	(4 RACE		5 DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 Y			
[Female		Black			ber 26,190	d 81	,	MONTHS D	AYS HOURS MIN.		
re	7a BII	RTHPLACE (STATE DUNTRY) Bah	OR FOREIGN	16 CITIZEN OF V	WHAT COUNTRY?	1				UNTY OF DEATH	4		
	E1	euther	allias	Baha	amas	WIDOWE	D NEVER MARRIED D	Prince	Geor	ges Co	unty, MD.		
ed		TY OR TOWN OF					OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12h. KIN	ID OF BUSINESS OR		
NO	70	3 - 7 - 1- 4		7917	FACILITY, GIVE STREET A			Homem.			mestic		
윘	USUA	delphi	NURSING HOME OF	OTHER INSTITUTION,	24th AT	ADM:55ION)	3	Homen	arei	1 00.	Mestre		
dd	13a. S		136 COUN		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADD		Avenue			
10		TYLAND	Princ	e Geor	ges,Ade	rbui	YES X NO		24 LII	Avenue			
ч	13.17	FIRST		MIDDLE	LAST		FIRST	MI	DDIE		LAST		
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In		VAS DECEASED E'		WAR OR DATES)	166 SOCIAL SECU	RIIY NO.	791P19MA1214th						
E		No			None		Dorothy L.	Powell .	Allen				
Exam			EATH (Enter on H WAS CAUSE		line for (o1, (b1, one	dich				BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH		
E		TAKI I. DEAT		E CAUSE (a)	Carello e	Mon	maty alle	rt					
그		400	9	DUE TO, OR	AS A CONSEQUE	NCE OF	,						
Ca		Conditions, if		(b)	Congell	tre (andree Rail	ure		-			
di		gove rise to couse (a), st	tating the	DUE TO, OR	AS A CONSEQUE	NCE OF							
Med		underlying co	ause last	(c)	Hypertens	use C	andlo vasula	4 dure	are				
Ξ		PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OF	CONDITIO	N GIVEN IN PAR	T I(a)		
	O	}	Decum	tus ulti	ers								
S	CERTIFICATION	190 DATE OF OPI	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		IF YES, WERE FIN			
17	Ŧ							YES NO	DX	YES	NO [
•	CER	210. ACCIDENT WAS		216. TIME OF		WEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M 18, PART 1 OR PART	2)		
D	¥	OR CONTRIBUTING		P.A	A. MONTH DA	Y TEAR							
N	MEDICAL	21d. INJURY OCC		21e PLACE C	OF INJURY		711 LOCATION						
due	¥	WHILE NO	T WHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, FA	ET, FACTORY, OFFICE, FARM, ETC.) STREET			OR TOWN	COUNTY	STATE		
1.9		220.1 certify tha	t (1) (this hospi	tol) attended the	deceased from_	N [/3]	19_3		13]	19/2	, that (I) (we) lost		
dr		sow the dec	eosed alive on	1) view the body	fter death	. 01	nd that in (my) (our) opinian	deoth accurred on	the dote an	d haur and from	the causes stated		
0		226 SIGNATUR	2 410	001	11	-	DEGREE			22c D	ATE SIGNED		
K		(mon e	ee		1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN [3	15182		
		22d. PHYSICIAN'S	S NAME (TYPE O	R PRINT)			12. ADDRESS7676	New Ham	pshir	ce Ave.	#308		
Dr		Vivek	C. Va	id, M.	D.,P.A.		Langley Pa						

TO FUNERAL DIRECTOR should be detache with the State Dep MPORTANT H H

DHMH-16 20M (VRA 15, 4) 7/78

FOR

230 BURIAL, CREMATION, REMOVAL Burial 3/21/82 24 FUNERAL DIRECTOR FUNERAL DIRECTOR LATNEY'S Funeral Home 3831 Georgia Ave. NW; Washington, DC

236. DATE

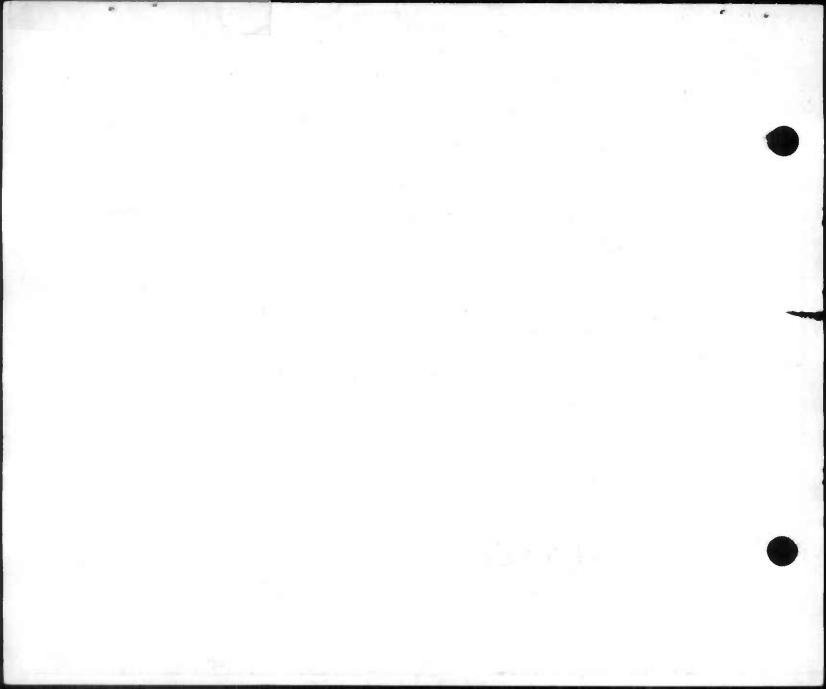
23c NAME OF CEMETERY OR CREMATORY

Langley Park, Maryland 20783

STATE

Old Trial Cemetery Nassau, Bahamas

1 Home ington, DC MAR 16 1982



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

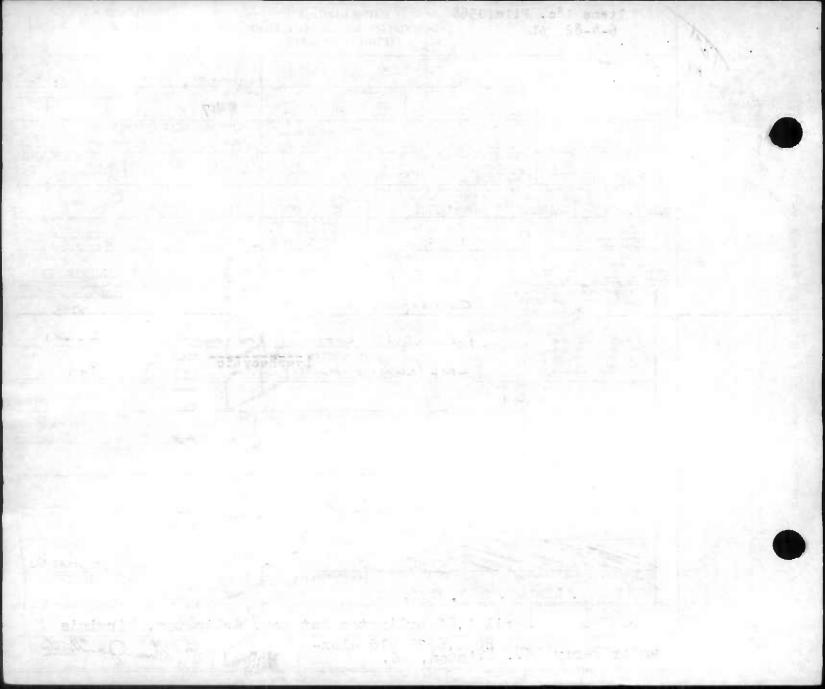
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the futural dishold be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be 1 and within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

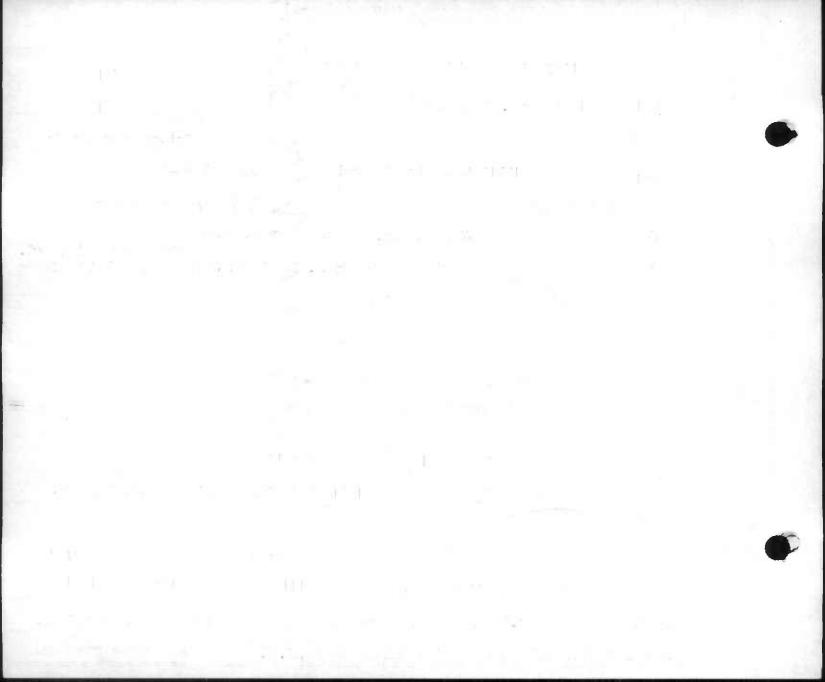
deoth. Poge 4 moy be

1	-	FOR STATE REGISTRAR	32 AL		DEPART		EALTH AND MENTAL HY	GIENE O A U	/ 0	207
		EASED NAME	FIRST		WIDDLE	L	AS1	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
MALE					DALE		NSON	MARCH 29, 1982		8:28a
				RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
				AUCASI	IAN	JUN	28 1934	47 YRS.		I I I I I I I I I I I I I I I I I I I
	CC	THPLACE (STATE OR DUNTRY) RTH DAKOT		USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY PRINCE GEORGE'S		
10 CITY OR TOWN OF DEATH ANDREWS AFB LIGHT AND				(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	DICAL CENTER	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIV USAF	126. KIND O	F BUSINESS C
13a.	ST	RESIDENCE (IF NUR ATE RYLAND	THE COUNTY CHARLE	1	130 CITY OR TOW WALDORF	VN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 4621 HARWICK DR		
14. F.	AT	HER'S NAME FIRST HERMAN	WIE	DLE	JOHNSON		15. MOTHER'S MAIDEN NA FIRST IDA	AME MIDDLE	MA.	rzek
		AS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SECT	URITY NO.	17. INFORMANT	ADDRESS		
YI			1956-1		501-26-1	505	CAROL JOHNSO	N 4621 HARWICK DI	R WALDO	RF MD
1	T	PART I. DEATH V	TH (Enter only VAS CAUSED I		cline for (o), (b), on Cardio	pulmo	any wrest	CARDIO PULMONARY ARREST		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony gove rise to im	, which					CARINII PNEUMONIT		و محلعت
	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE C C C C C C C C C			/		CHRONIC MYEL	LEUKEMIA	84	15	
N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU					DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 10	100
CERTIFICATION	, , , , ,		196 COND	b CONDITION FOR WHICH OPERATION WAS PERFO		N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES YES NO			
		OR CONTRIBUTING (IF EITHER, NOTIFY MED)	CAUSE OF DEATH	HOUR A.	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
MEDICAL		WHILE NOT WE AT WORK		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC 1	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hospital) attended the deceased from MAR 21 , 19 82 , to MAR 29 , 19 82 , that (1) (we) lost sow the deceased alive on MAR 20 , 19 82 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death									
	THE SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 29 MM 92									
	MICHAEL W. LISCHAK, CAPT, USAF, MC ANDREWS AFB MD 20331							NTER		
	BU (SP	RIAL, CREMATION, ECIFBURIAL	REMOVAL	23b. DATE pril	1,82 A	NAME OF C	ton Nat Cer	and the same of th	Vîrgin	ia STAGE
24 F	a	nder Fe	FUNER rry Ro	RAL HO	DIE,6633	Md.	Alex- 250 DA	TE REC'D. BY REGISTRAR 25 DIST	RAD IGNAT	Fastler

STATE OF MARYLAND

Items 18c. Film#G568





death. Page 4 may be OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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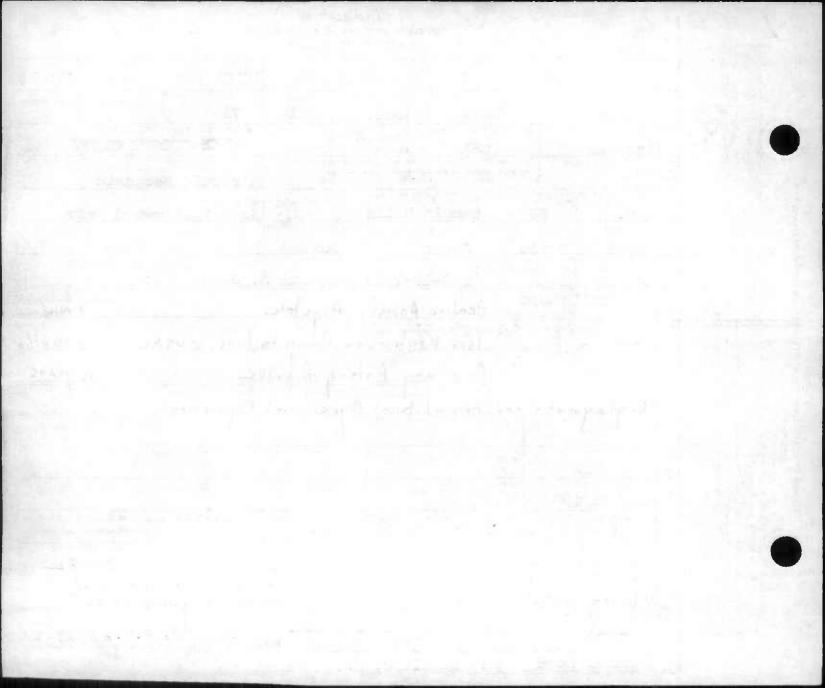
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 7 8 4 3

LOECEASD NAME	- STATE REGISTRAR		DEI ANI		ICATE OF DEATH		REG. NO.					
SEX Male S DATE OF DEPTH OCT. 12, 1910 71 1982 11:45 p MARCH 10 1982 11:45 p MARCH 10 1982 11:45 p MARCH 10 1982 MARCH 10 1982 MARCH 10 1982 MARCH 10 MARCH	100000000000000000000000000000000000000		WIDDLE	LAST			20 DATE OF DEATH MONTH DAY YEAR 26. HOU					
Male White Oct. 12, 19, 10, 12, 19, 10, 12, 19, 10, 12, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	[TYPE OR PRINT)	HOWARD	J	ONES	MARCH	10	1982	11:45 P				
Male White Oct. 12, 1910 76. BIRTHPLACE (STREED FORCES) 16. CITIZEN OF WHAT COUNTY? 18. CITIZEN OF WHAT COUNTY? 18. CITIZEN OF WHAT COUNTY? 19. WOOMED DNORCED DN	3. SEX	4 RACE				6 AGE IN YEAR	LAST BIRTHOAY)					
ABAITMORE CITY OR COUNTY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOTITIVE OF WORK FOR MARKET NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOTITIVE OF WORK FOR MOST OF W	Male	Whi	ite		12, 1910	71	YR		HOURS MIN.			
VIRGINIA USA WIDOWED DNORCED PRINCE GEORGE'S COUNTY MD		REIGN 76 CITIZEN O	F WHAT COUNTRY?	8		9 BALTIMORE						
10 CITY OR TOWN OF DEATH	Virginia		JSA			PRINCE GEORGE'S COUNTY						
USUAL RESIDENCE (# NUISHNO-HOME OF OTHER NOTITUTION ONE RESOLNES BEFORE ADMISSION) 138. CITY OR TOWN 139. CITY OR TOWN 130. CUNITY 130. CITY OR TOWN 130. CITY OR TOWN 130. CITY OR TOWN 131. CITY OR TOWN 130. CITY OR TOWN 140. PG	10 CITY OR TOWN OF DEAT		HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OC	CUPATION					
136. COUNTY					SPITAL							
Md. PG Temple Hills yes No	13a. STATE	IG HOME OR OTHER INSTITUTION 36. COUNTY			13d INSIDE CITY LIMITS?	13e. STREET ADI	DRESS					
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Temue David Jones Ardena Monte		WIOOFE	LAST				NODIF	145	ST			
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The Oriente		226. SIGNATURE DEGREE 220. DATE SIGNED										
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3.11-82		· W-> +	my					3.11-	82			
22d PHYSIC AN'S NAME (TYPE OR PRINT) 220 ADDRESS Suita 105, 7501 SURRATTS ROAD	22d. PHYSIC AN'S NAA	AE (TYPE OR PRINT)			22e ADDRESS Suita	105 70	31 Suna	atte Doa	1			
Edwini E. Westuna, MD Chinton, Many land 20135	EdwINE.	WESTURA	.mn		Oback	Λ.		1	-			
23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	23a BURIAL, CREMATION, RE			NAME OF C	EMETERY OR CREMATORY			20131				
(SPECIFY)	Burial	3-13						COUNTY	STATE DOG			
Buriai 5-13-82 Cedar Hill Cem. Suitland, P.G. Maryland Suitland Sui		obt E Will	nelm 43	08 5	uitland 250.		POR AR 25 DORE OF	ASMACAR SOCIOLOGIC	yrand			
Funeral Home Rd., Suitland, Md.	Funeral I	Home Rd	., Suit1	and.	Md.		7.34	THE STATE OF THE S				

DHMH - 16 50M 1/81 (VRA 15, 4)

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ond campletely filled in by the funeral director lages 1 and 2 should be filed within 72 hours aft

STATE OF MARYLAND

1.	STATE REGISTRAR	DEFARI		ICATE OF DEATH	REG. NO.	.) /	
	CEASED NAME FIRST	WIDOLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE	Silas	Elisha	JONES		March 5.1982		1:40 AM
3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	Male	Black	May	29.1898	83 YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWEI	NEVER MARRIED	Prince Geo		MD.
L	anham		al of	Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Laborer	LIFE) INDUSTRY	of BUSINESS OR structio
130 5	Md. P.			13d INSIDE CITY LIMITS? YES NO		ve.	
14 64	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LA	AST
16- 1	Elisha WAS DECEASED EVER IN U.S. A	Jones RMED FORCES? 166 SOCIAL SEC	LIBITY NO	Ellen 17 INFORMANT	ADDRESS	Hatch	
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	TIME				
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MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK	AIR .	PAY YEAR 19 FARM ETC)	216, HOW INJURY OCCURE 216, LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	(OUNTY	STATE
	22a.1 certify that (I) (this hosp saw the deceased alive a	of) view the body ofter death.		ATTENDING PHYSICIAN 220 ADDRESS	deoth occurred on the dote and had breath all STAFF DIRECTOR PHYSICIAN almer Hwy, Lanha	221 DATE	ESIGNED
23a E	BURIAL, CREMATION, REMOVA SPECIFY) Burial			ncoln Cem.	23d LOCATION CITY OR TOWN Bladensburg	YINUOS .	STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shaws ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

injury, or other traumatic event, the med

24 FUNERAL DIRECTOR H.S. WASHINGTON + SONS 4925 BURROUGHS ANE. N.E.

250 DATE REC'D. BY REGISTRAR 256 MAR 1 6 1982

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items #18a-22a Film G566 4/6/82 rotate OF MARYLAND

GRANT F.H. 9013 ANNAPOLIS Rd.

(VR A15 ME (5) 15M 2/80

2	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	IENE 8	2 REG. NO	Ö	7
m 5		CEASED NAME	FIRST.		MIDDLE	l	AST	3 17 19	20. DATE OF	DEATH A	MONTH	DAY YEAR
page 3	0		IAMTN		W. K	AISER					3/24	/82
Page 4 mo	3 SE	× MALE		RACE Whit		5. DATE C		1901	6. AGE (IN YE	ARS LAST BIRTH		IF UNDER 1 YEA
death. Po	2	IRTHPLACE (STATE OR FO COUNTRY) irginia	OREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE		MARRIED DIVORCED	9. BALTIMOR PRINCE			OF DEATH
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nn 24 hou heald be	130 M	aryland	136 GOUN		13c CITY OR TOV Hillcre	VN	YES S	NO 🗍	13e STREET A 2814		so ther	
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an ond c		NAS DECEASED EVER I YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	216 40		Elsi		Wife aiser	ADDRES	Same	e as
g physicic onpaper remaval.		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAUSE (b) ARDINC ARREST									BETWEE	
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en signe Then pl or ta buri	ATION	PART 2. OTHER SIGN		<u> </u>							1600	File.
> =====================================	- X	19a DATE OF OPERAL	ION	19h COND	ITION FOR WHICH	OPERATION	N WAS PERE	ORMED	20g AUTO	PSY?	20h IF YES	WEREFINE

N. 1609-10	Vi	irginia	USA	OWED DIVORCED	PRINCE GEORGE'S	S COUNTY, MD.
Do		CLINTON	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SOUTHERN MARYLAND F	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OUTT. Superv	126 KIND OF BUSINESS OR INDUSTRY 71+Navy Yard
25	130 S Ma	2 - 1		It YES S NO [2814 Gaither	sor Street
160	E	Emil	Kaiser Kaiser	15. MOTHER'S MAIDEN NA. Elizab	oeth MIDDLE	Seidenspinne
e medica		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO VEWAR OR DATES) 216 40 681		Wife ADDRESS Kaiser Sam	ne as #13
ther troumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE O	\F.	A Injackion. CHOLERYSTI	
shows ony injury, or	CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPERA	BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ed or frem 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE OUT WHILE ALWORK	ATT.	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM II	B. PART I OR PART 2) COUNTY STATE
If Hem 21 is morke		AT WORK		DEGREE	death occurred on the date and hi	that (I) (we) los our and from the causes stated
NA		22d. PHYSICIAN'S NAME	and the same of th	ATTENDING PHYSICIAN 2 22e ADDRESS		1-75/4
MPORT		G. H. Nachna	·	19015 Woody	ard Rd., Clin	ton, Md. 207

26 HOUR

9:32P_M

IF UNDER 24 HRS

IF UNDER I YEAR

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or

FOR

death. Page 4 may be

ofter

executed within 24 hours

death

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		PRINT) Alice	MIDDLE H .	Kammer	20. DATE OF DEATH MONTH March 14,198	DAY YEAR 26. HOUR 11:52 2 2 2 3 3 3 3 3 3
	3 SEX	Female	4.RACE Caucasian	5. DATE OF BIRTH D'8". 2"7", 19"0	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
5		RTHPLACE ISTATE OR FOREIGN U中色nnsylvan	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIE WIDOWED [] DIVORCE	Prince George	
4	10 CI	Cheverly	PHYPHOE FACTOR	NG HOME OR OTHER INSTITUTION OF THE PROPERTY O	DN 128. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR UNDUSTRY Dietary
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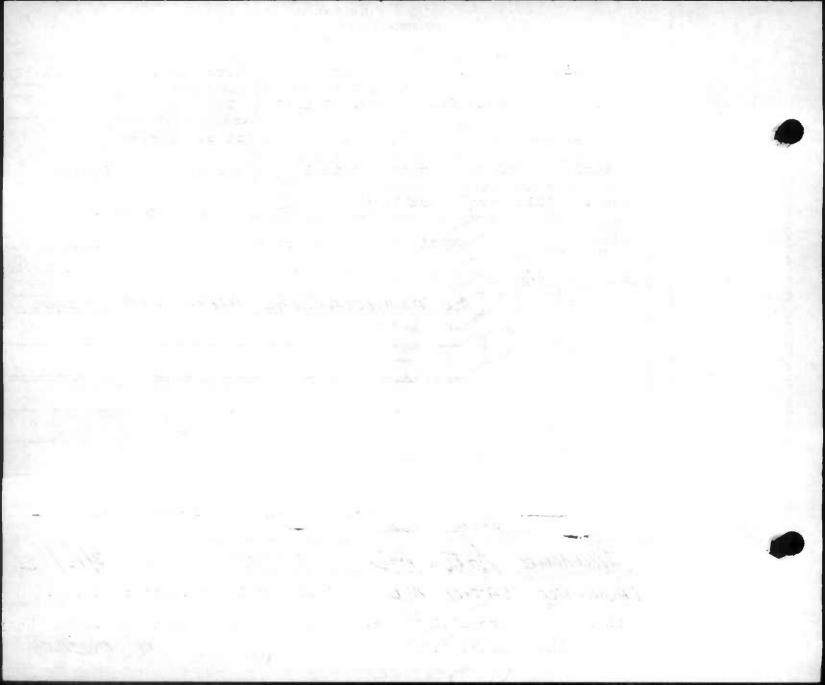
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Twsp. Alleghen

EMETERY OR CREMATORY 23d LOCATION CITY OR LOWN Shaler 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY March16,1982 Mt.

24. FUNERAL DIRECTO FAILS Church, Valoures 22046

250 DATE REC'D. BY REGISTRAR 151 PER STRAIN
DHMH-16 60M 1/73 (VR A 15 (4))



10.		1.	FOR - STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		REG, NO.	0 7 8	4 8
	ωĘ	1 DE	OR PRINTI	FIRST		MIDOLE		AST	20 DATE OF			26 HOUR
oy b	60	0.05		ert		J.	Kaı		March	-	1982	12:01am
ge 4 m	(Au)	3 SE	Male		Whit	te	S. DATE C			(RS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
Both. Po	16	7a. B	IRTHPLACE (STATE OR FOR PONTRY) Penn.	EIGN 7		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED			UNTY OF DEATH	AAD.
ofter d	11 172		TY OR TOWN OF DEATH	1 1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET NO Memor	ADDRESS)	OR OTHER INSTITUTION	12a USUAL O	CCUPATION OR MOST OF WORK	126 KIND C	MD F BUSINESS OR
BALTIMORE, MARYLAND 2120	ld be	13a.	AL RESIDENCE (IF NURSING	HOME OR C	THE ION	GIVE RESIDENCE BEFOR	E ADMISSION)		Engi		Gov	
RYLAN	12 shou	_	ryland M	aryı	ano \	Correge	erark	15. MOTHER'S MAIDEN NA	ME		Hill Ave	
E, MA	ol Comple	160 \	John			Karl	IDITY NO	Catheri		MIDDLE	Hart	
TIMOR be exec	s. Pages	(WAR OR DATES)	168 SOCIAL SEC	JRIIT NO.	C.Anthony			maginati sville,	
	physical and paper semanal.		18 CAUSE OF DEATH PART I. DEATH WAS		one couse per BY: CAUSE (o)	line for (o), (b), or	dic	e cure	1		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
11 W. PRESTON ST.,	l by the ottending cose remove corbo ol, cremation, or re r ather troumotic e		Conditions, if ony, we gove rise to immediatelying couse	hich diote the	DUE TO, OI	R AS A CONSEOU R AS A CONSEOU		nothe Card	was	enlan O i dell	ne ye	art
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JVISION VG PHYS	After this as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIR	CTOR. A for use of of Healt		220.1 certify that (1) (the saw the deceased above, (1) (we) (did)	nlive on	3	17 10	82	d that in (my) (our) opinion	death occurred	3/8 on the date one		that (I) (we) last couses stated
AL OR A	RAL DIRE detached ote Dept		22b. SIGNATURE	0	and	Jech	S	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE	signed 1982
HOSPII	D FUNERAL		Paul A. 1					22e ADDRESS				
of of other	should with 10 PMPO	23o. E	BURIAL, CREMATION, REA				NAME OF C	6525 Belcres			ville, Md.	20/82

Was deceased ever in u.s. armed forces? 166 social security no. 17 informant 8605ss Imagination Yes WW II C.Anthony Karl Walkersville, Mo	
18 CAUSE OF DEATH Enter only one couse per line for 10 % (b), and 10 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 10 % storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Color of the couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	AND DEATH
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270.1 certify that (I) (this haspital) attended the deceased from 1982, that (saw the deceased alive on 1982, that (saw the deceased alive on 1982) and that in (my) (our) opinion death occurred on the date and hour and from the cause above, (I) (we) (did) (did not) view the body after death.	1., 4 -,
27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN March 8	
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	
Paul A. Devore, M.D. 6525 Belcrest Rd., Hyattsville, Md. 2 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Green-Lawn Cemetey Holidaysburg, Blair,	
G.Douglas Stauffer Frederick, Md. 25 DATE REGISTRAR 25L BEGISTRAR SIGNATURE 18 1982	- Lym

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o to		üssia	U.S.A.	WIDOWED DIVORCED	Prince George's Cour	ty,			
14	CI	TY OR TOWN OF DEATH	PRINCE GEORGE	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Translator J. S. GO					
86	l'ia	ryland Pr.	VIY II3, CITY OF TOW	FI TOO HILL CENTURE ROAD					
examine	M	ather's NAME ichael Karpov		Tatiana Po	tapov MIDDLE LAST				
e medico		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) WWI]	E WAR ON DATES	9457 Serge Karp	ovich Washington, DC	1.			
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 7h HOUR TYPE OF PRINT ALAN PENNTMAN KEENY MARCH 30 1982 10:00A 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 25, 1895 86 Male Caucasian Sep. YRS BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Maryland U.S.A. Prince George's WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Doctors' Hospital of Pr. Geo. Tree net Enginee -American Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 135_COUNTY 124.CITY-OR TOWN ice Co. Pr. Geo. Mt. Rainier 13d INSIDECITY LIMITS? LOOL -Md. 35th St. YES IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Artmus Keeny ETTla MIDDLE Zimmertian 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-09-9119 17. INFORMANT IYES NO OR UNKNOWN) I HEYES, GIVE WAR OR DATEST Alice A.Keeny - above address 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR A underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

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220.1 certify that (1) (this haspital) attended the deseased from sow the deceased alive on_ obove, (1) (we) (did) (did not view the body ofter death. 77% SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

STAFF

22d. PHYSICIAN'S NAME HIT

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MEDICAL

ATTENDING

LEON R. LEVITSKY, M.D.

3408 Rhode Island Ave. Mt. Rainier.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIBUrial 4/2/1982 23¢ NAME OF CEMETERY OR CREMATORY Ft.Lincoln Cem.

DEGREE

Brentwood Progres . Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR:

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74 FUNERAL DIRECTO Balley's F.H. Incomess Mt. Rainien

Md.

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requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exam

must be notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	- STATE REGISTRAR		DEFARIA		FICATE OF DEATH	REG.	٧٥.		
	. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Muriel B	. Kehl	er			March	7.	1982	12.35
3	SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	Whit	ce	MONT	rch 7.1903	7	9 YRS	MONTHS! BAYS	HOURS MIN.
7	a. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY			
I	Massachusetts	U. S.	. A.	WIDOW	ED NEVER MARRIED DIVORCED	RXEX Pr	ince	Goorge	ta us
1	O CITY OR TOWN OF DEATH			G HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OR
d	Clinton USUAL RESIDENCE (IF NURSING HOME O	South	ern Md.	Hosp	oital Cnt.	Housewi	F WORKING	INDUSTRY DWT	Home.
N	Maryland Pr	·Geo's	134 CITY OR TOW	N.	13d. INSIDE CITY LIMITS? YES NO (1)		ytto	n Ave	
I.	4 FATHER'S NAME William	MIDDLE	Sim		15. MOTHER'S MAIDEN NA	WIOOFE		Meel	Č
1	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Priscilla P	K. Van De	1240 r De	3 Lytto cker-	on Ave
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	OR CONTRIBUTING CAUSE OF DE	ern -	M. MONTH DA M	Y YEAR	100				
	OR CONTRIBUTING CAUSE OF GE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE			216 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	22a I certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATORE	March	6, 100		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the	AFF	0ur and from the	
	Edwin E-W	estura	. m.s		Chiaten.	Many lan	Juna	atts Roa	d
2	30 BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	2N LOCATION			
	Burial	3/9/8	32 Was	hing	gton Nat'l (Cem. Suit	land	(Pr.Ged	b's)Md.
7 1	funeral director Richard A. Columeral Home	eman -I	Jpper Ma Jaryland	rlbe 207	25a. DAI		25b. RF-54	STRAR'S SIGNAT	

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STATE OF MARYLAND FOR STATE REGISTRAR

74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

JIMIL OF MARTEMAT	
DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
CERTIFICATE OF DEA	ATH

MENTAL HYG	IENE 3	REG. N	10.	0	1	3 3	4
	2a DATE C	F DEATH		31		7:05	

		FIRST		MIDDLE		LA	ST			OF DEATH	H MONTH	DAY	YEAR	26 HOL	
	CEASED NAME E OR PRINTS								2a DATE	OI DEATI					
		JOHN		W		KE	PPLER				03	31	82	7:0	5
3 SE	X	14	RACE			5. DATE O	F BIRTH		A AGE	IN YEARS LAS	T BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 H
1	Male			White		MONTH	DAY	YEAR				MON1H5		HOURS	M
						Dec.	8, 196	50		21	YR				
	IRTHPLACE (STATE OR	FOREIGN 7	. CITIZEN O	F WHAT CO	DUNTRY?	8.	□ NEVER M	APPIED X	9. BALTI	MORE CIT	Y OR COU	NTY OF DE	EATH		
V	/irginia		II.S	S.A.		WIDOWED		ORCED	PRIN	ICE GE	EORGE	'S COL	YTYL		
	ITY OR TOWN OF DE	ATH 1	1. NAME O	F HOSPITAL	, NURSING	G HOME OF	OTHER INST		12a. USU.	AL OCCUP	ATION	12b.	KINDO	E BUSINE	_
	CHEVERLY	11 54	DD TNICE	UCH FACILITY, O	GIVE STREET AL	DDRESS)	AL HOS	DITAL			ST OF WORKIN	IG LIFE) IN	DUSTRY	U.S.	
Distr.	AL RESIDENCE (IF NUR						AL 1103	TITAL	Cle	rK		P	OST	1 Se	
13a. S	STATE	136 COUNT	Y		OR TOWN		13d. INSIDE CI	TY LIMITS?	13e STRE	ET ADDRE	SS				
Ma	ryland	P.(ì.	Lani	ham		YES 🔣	NO 🗌	691	2 Nas	hvill	e Roa	d		
14 FA	ATHER'S NAME	10 7 11					15. MOTHER'S		ME						
AT	bert		DDLE		epple	**	Helen	FIR5T		MIDDL	E		IAS	sly	
-	WAS DECEASED EVER		_		IAL SECUR		17. INFORMAN	NT.		V.	DRESS A				-
0	YES, NO OR UNKNOWN)		WAR OR DATES)								A	ddres		ime a	15
No				215	-88-9	884	Mr. Al	bert J	• Ke	ppler	N	o # 1	3e.		
	18 CAUSE OF DEAT PART 1. DEATH V	H (Enter only	one couse p	er line for to	a). (b) and	(e) 1							APPROXI	MATE INTER	VAL
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TIFICATION	gove rise to im couse (a), staff underlying couse	which mediate ng the e last	DUE TO. (b). DUE TO. (c).	OR AS A CO	OM D	OO OA	NOT RELATED			JTOPSY!	20b. IF IN CEI		E FINDIN	IGS USER	d
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician articianal titly filled in by the funetial should be detached for use as the busial-transit permit. Then please remove corbonopart, Faguer, and 2 should be titled within 72 with the State Dept. of Health and Mental Hygiene prior to busial, crematian, or remova

White Dec. 3, 1000 9 Circinia athicult CHIMPLY PRINCE SECRETS GRAPEL CORRECT CONTROL PROMES Sorry. England T.T. Combon v 6512 Manhyille 2000 . Kender tolen . therefore the ne 124612 215-28-9881 Mr. Thert J. Leppler No. 130. Threshold I was the total the total of the transfer

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	T	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO	GIENE 8 2	0 7 8 5 4
	1 -	STATE REGISTRAR	DEI ANT	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TIPE	Laui	ra R. Mc	ercheval	3	9 82 10:10 A1
3	. SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		F.	W	08 18 1885	96 YRS	s.
91	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
05	We	st Virginia	USA	WIDOWED DIVORCED	Prince George	771
10	Fo	rrestville	11. NAME OF HOSPITAL, NURSII T IN SUCH FACILITY, GIVE STREET ENCY	YUrsing Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF BUSINESS OF INDUSTRY
200		AL RESIDENCE (# NURC STATE Prince Prince	13c. CITY OR TOV CO GOODS FORE		13e STREET ADDRESS 7400 Marlboro	Pike
11	4 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
00		Thomas	S. Watso			LeMar
1 10		VAS DECEASED EVER IN U.S. AR	IVE WAR OR DATES)		5175 Boy	dell Avenue
1		No	223-20-4	130 Mrs. Edna Co	nway, Oxon Hil	1. Maryland 207
	NO	0 000	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition (GIVEN IN PART 1(0)
2 vons shows	CERTIFICATION	19a. DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR 21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	B PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P, M. 21s. PLACE OF INJURY	19 211 LOCATION		
morked ar	MEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
			oital) attended the deceased from	1955 , 19	to, to	. 19 that (4 (we) la
Hem 2			t) view the body ofter death		death occurred on the date and h	
E		Beund	Katzuni		MEDICAL STAFF DIRECTOR	3/9/82
MPORTANT:		BERNAG			aylor Rd-JE.	Work. D. 2 200
2	3a. B	URIAL, CREMATION, REMOVAL BECIFY Burial		Green Hill Cemeter		Clarke Virgi
24	_	NER MODIFICATION AND AND AND AND AND AND AND AND AND AN	4		TE REC'D. BY REGISTRAR 256. REG	

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burial-transit pern d Mental Hygiene p ar Item 18 shaws a

be deta e State [MPORTANT

ld b

CERTIFICATION

MEDICAL

- STATE

TTYPE OR PRINTS

Male

Clinton

3 SEX

REGISTRAR I DECEASED NAME

To BIRTHPLACE I STATE OF FOREIGN

ID CITY OF TOWN OF DEATH

Maryland

No

14 FATHER'S NAME

Washington. D.

William

FIRST

George

136 COUNTY

Pr.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS

77x I certify that I ithin haspital aftended the he december alive on

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

31s. ACCIDENT WAS UNDERLYING

71d INJURY OCCURRED

WHILE TO HOLINHAL [

OF CONTRIBUTING CAUSE OF DEATH

OF ETHER INDIAN MEDICAL ERAMINERS

22d PHYSICIAN'S NAME (TYPE ORP

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Kelvin Minchin, MD

4 RACE

George

MIDDLE

LIF YES, GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b)

IMMEDIATE CAUSE (a

E.

Caucasian

MIDDLE

76 CITIZEN OF WHAT COUNTRY

U.S.A.

THE TIME OF INJURY

PM

21e. PLACE OF INJURY

3/5/82

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM, ETC.)

STATE OF MARYLAND CERTIFICATE OF DEATH

Kiefer

5 DATE OF BIRTH

Oct-

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Kiefer

16b SOCIAL SECURITY NO

CONSEQUENCE OF

WE CONDITION FOR WHICH OPERATION WAS PERFORMED

579-01-8371

Sputhern Maryland Hospital Center

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2a DATE OF DEATH MONTH 2b HOUR March 2, 1982 & AGE (IN YEARS LAST BIRTHDAY)

11 1902 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Prince George's

12ª USUAL OCCUPATION

17b. KIND OF BUSINESS OR Carpenter- Ret. Construction

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Capitol Hgts. YES TO NOF

Helen

1710 Rollins Avenue 15. MOTHER'S MAIDEN NAME

MIDDLE

Collins R. 1710 Rollins Avenue

17 INFORMANT Capitol Heights, Md. Eva M. Kiefer

SATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE OR CONDITION GIVEN IN PART LIN 78s. IF YES, WERE FINDINGS USED

> NOT THE HOW INJURY OCCURRED LENGTH OF THIS IS NOT A LEAST TO A PART TO

211 LOCATION CHYCETOWN саини

non death occurred on the date and 27c DATE SIGNED DEGREE

ATTENDING MEDICAL STAFF

STATE

IN CERTIFYING CAUSES OF DEATH?

6188 Oxon Hill Rd. Oxon Hill, Md.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION Suitland

1982

Pr. Geo. Maryland DATE REC'D. BY REGISTRAP OF REGISTRAP'S SIGNATURE

G.P. Kalas Funeral Home 6160 Oxon Hill Rd.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

George . Eigher 7:15 m The Course of the Cot. It 1902 179 s'estoni e airi. Link Did not alkned Climica Commission For its center Commission Commission amen's making the large of the . To all the state of the state 371110 True will along the common true of the common of the commo elvin ...c.in, ... 6158 unon ill e. non 122. F. broften .ord re broften gratened fill cabell college of the o sex production of the contract of the contra

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE PLANT OF THE CINICIDAL PLOCATION OF THE CINICIPAL PLOCATION OF THE CINICIDAL PLOCATION OF THE CINICIPAL PLOCATION OF THE CINICIDAL PLOCATION OF THE CINICIPAL PLOCATION OF	EXECUTE HELEMINOSHE, WRITING THE WORD TENGING IN TENTION OF THE OWNER ALOUS 1, 2, AND 31 OF THE OWNER PLOST. PROGRESS 1, 2, AND 31 OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5-FOR YOUR FILES.	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES LAND 2 SHOULD BE FILED, WITHIN 72 HOURS	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET,	DALTHADE MADY AND STORING TO BELIATION OF BEALDIAN
DIV	TO MEDICAL EXAMINER: THIS CE	AGE 4 SHOULD BE FORWARDE	TO FUNERAL DIRECTOR: PAGE 3	AFTER DEATH, WITH THE STATE DI	STOCK OF ANDVIAND STOCK

	1-	FOR STATE				NT OF HEAL		NTAL HYGIEN	64	0 7	3 3	á
	1. DE	REGISTRAR CEASED NAME	FIRST	WED	MIDDLE	AMINER'S	CERTIFIC	ATE OF DEA	20. DATE KNOW	G. NO.	DAY YEAR	2h HOUR
X ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PE OR PRINT)	Lester		Frank	lin	Kirkpat	trick	OF ESTI-		9 19 82	ZB HOOK
NECESTARY, TOTAL F MINERAL DIRECTOR. E 5 FOR YOUR FILES. D. WIJHW 72 HOURS W. PRESTON STREET,	3. SEX	X 4 RA	CE S. D.	ATE OF BIRTH	6.	AGE (IN YEARS IF	UNDER 1 YR.	F UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HOUR
OUR ON S			White N	ov. 14.	1932	49 YRS.	INTHS DAYS	HOURS MIN	PRONOUNCED DEAD	3	9 1982	11:50
IS NECESSARY, E FUNERAL DIR. E S FOR YOUR ED, WITHIN 72 I W. PRESTON	To B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. C	CITIZEN OF WHA	AT COUNTRY	(? 8. MA	RRIED NEVE	ER MARRIED	9 BALTIMORE C	ITY OR COUNTY	OF DEATH	I By
- X - X -	M	aryland	ATIL	U.S.A.	TALL ALLINGU		OWED [DIVORCED A	Prince UAL OCCUPATION	George's	County	MD.
2, AND 3 TO THE FU 3. RETAIN PAGE 5, 2 SHOULD BE FILED. AL RECORDS, 201 W.	R	iverdale	5	307 Ham	ility, give stree	St. # 2	THER INSTITUTE	FOR	MOST OF WORKING LIFE	E)	OR INDUSTR Painting	RY
SECOND SET AND 3	13a. S	at residence (# in n STATE laryland	13b. COUNTY P.G.	ER INSTITUTION, GIVI	13c. CITY OR		13d INSIDE CITY YES 🎩		REET ADDRESS O7 Hamilt	on Stree	t # 2	
ST, 2, 2, 2, 2, 2, 2, 2, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F.	ATHER'S NAME	MID	DLE	LAST		15. MOTHER	ST MAIDEN NAM	E MIDDLE		LAST	
BUS SOUT		irley	Dibility April 50	Ton Cran		atrick SECURITY NO.	Ethe		400		ifflet	
M 18. GIVE PAGE M 18. GIVE PAGE NG WITH FORE RMIT. PAGES AN ENE, DIVISION OF	(1	WAS DECEASED EVE YES, NO. OR UNKNOWN) (CS-ATMY	(IF YES, GIVE WAR O	OR DATES)		3 -8408		rine Lew		Hyattsvi		
ULD BE EXECUTED WITHIN 24 HOUS "PENDING" IN PENCIL IN ITEM 18, F MEDICAL EXAMINER ALONG W ED AS A BURIAL TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D I, CREMATION, OR REMOVAL. ———————————————————————————————————	NOI	Conditions, if gover rise to cause (a) storin lying cause los:	immediote ng the under- t. INT CONDITIONS CONTRI	(b) DUE TO, OR A (c) IBUTING TO DEATH BI	AS A CONSE	QUENCE OF	EASE OR CONDITION (GIVEN IN PART I lak				
UK - W	IFICAT	190. DATE OF OPER	ATION	19b. CONDITI	ON FOR WH	ICH OPERATION	WAS PERFORM	NED?			20 AUTOPSY?	NO 🗆
ERTIFICATE SHOUL ING THE WORD "S ED TO THE CHIEF S SHOULD BE USED EPARTMENT OF H PRIOR TO BURIAL,	MEDICAL CERTIFICATION	210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEATI		MONTH DA	AY YEAR		OCCURRED (ENTER	NATURE OF INJURY IN IT	IEM 18 PART 1 OR PART		X0 0
NER; THIS CER CATE, WRITING FORWARDED OR: PAGE 3 SI THE STATE DEP (ND, 21201 PR	MED		T WHILE D	21e PLACE O STREET, FACTO	F INJURY (/ DRY, FARM, ETC.)	AT HOME. 21f.	STREET		CITY OR TOWN	COUN	ITY	STATE
TO MEDICAL EXAMINER; I EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		220 I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAMI (TYPE OR PRINT)	Notypol co	very).	Accident [Suicide [, Homicid	ECIFY) Y Chiefuer	Inquiry , termined monner DICAL EXAMINER enn St. E		3/9/82	
	23a.8	BURIAL, CREMATION,	REMOVAL 23b. DA	ATE	23c. NAA	AE OF CEMETERY	OR CREMATOR	RY 23d L	OCATION Y OR TOWN	COUNT	Y STA	ATE yland
DHMH-17	24. F	Buria UNERAL DIRECTOR NAME Gasch's		15-82		Veterar	25		eltenham y registrar 256, 5 1982	P.		yland
(VR A15 ME (5)) 15M 2/80	F.	Gasch's	Sons F.H.	· P.A.	njatus	ATTIES L	4.0	with T	J 1304 /	0,		

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Runtal T-17-82 to teterane constant the tanne T.O. Shryland v. gasekte Tone T.S. J. Vetteralle, S.O.

STATE OF MARYLAND
MENT OF HEALTH AND MENTAL HYGIENE

REG. NO

STATE REGISTRAR

TITIS 3-6 32 DELVES OF AUTO STRUCK Y TRUCK STATE OF STREET TO BE STATED OF STAT

SELVENT FOR THE LIMITED

CHOILE IN S. S.A. W. C.E.

BORRES OF FLUTVETIES TENETS USED SETS OF SETS

	- STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL H	REG. NO.	
(1	PECEASED NAME FIRST	WIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	ALTA		KUNST	03	13 82 10
1	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
) -	PEMALE BIRTHPLACE (STATE OR FOREIGN	CHUCASIAN	DEC 12 1907	74 YR	
10	COUNTRY	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
10	CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED [PRINCE GEOF	
14	CHEVERLY	PRINCE GEORGE	S GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS INDUSTRY
130	UAL RESIDENCE (IF NURSING HOM. STATE 13b. CC	OUNTY 13 CITY OR		13e. STREET ADDRESS 5999	
	PARYLAND P	G. Laigh	YES NO 1	AME	
n/	FIRST	MIDDLE	FIRST	MIDDLE	LAST
16a	WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	Alice	TRESTON
1	As a	GIVE WAR OR DATES) 578-QC	-41068 JAMES KUNS	SAME AS THE	3121
		only one couse per line for Jaj. (b		DAME AS 134	APPROXIMATE INTERVA
	PART I. DEATH WAS CAL	ISED BY:	IN AC AD	2051	BETWEEN ONSET AND D
	1414 9 IMMED	IATE CAUSE (o)	TURE DE	LE O	
	Conditions if your shirts	DUE TO, OR AS A CONSI	1	Desens	0
	Conditions, if ony, which gove rise to immediate	(b) (POA)	any /1/6/4	Cal NEC C	2
	couse (0), stoting the underlying couse lost	DUE TO, OR AS CONS	Whitelest Chiston	(1) SA >	
	DARTS OTHER CICALEICAN	(c) VIII CV	muy /VV	mom	
	PART 2. OTHER SIGNIFICAN	TONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINALOSE ASE OR CONDITION	GIVEN IN PART 10
ó					
ATIO	19a. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
TIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CER	
CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	YES NO	RTIFYING CAUSES OF DEATH
	OR CONTRIBUTING CAUSE OF	DEATH 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	IN CER	YES NO NO
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	DAY YEAR 19 216 HOW INJURY OCCU	YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM	TTIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 2)
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCU	YES NO	RTIFYING CAUSES OF DEATH
	OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 216 HOW INJURY OCCU	YES NO IN CER	TRIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 2) COUNTY STA
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	OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that the live above, at the recent of this had obove, at the production of the control of the contro	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET On 19 211 LOCATION DEGREE DEGREE ALL ATTENDING	YES NO IN CER RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 10 Mach 13 n deoth occurred on the dote and	TRIFYING CAUSES OF DEATH YES NO
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this has sow the eccessed blive obove. At type and (did 22b. SIGNA) DRE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT MOME. STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET Om 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	YES NO IN CER RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 10 Mach 13 n deoth occurred on the dote and	TRIPYING CAUSES OF DEATH YES NO
	OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that the live above, at the recent of this had obove, at the production of the control of the contro	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT MOME. STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION STREET On 19 211 LOCATION DEGREE DEGREE ALL ATTENDING	YES NO IN CER RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN 10 Mach 13 n deoth occurred on the dote and	TRIPYING CAUSES OF DEATH YES NO 18 PART I OR PART 2) COUNTY STA 19 22, that (I) (we hour and from the causes state
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MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d IN JURY OCCURRED WHIE NOT WHILE AT WORK 270. I certify that (1) (this has sow the decented fallow obove, (1) (the just of large) 276. SIGNATURE 276. PHYSICAN'S NAME (TY)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFI and the body after death E OR PRINT, AL 23b. DATE	DAY YEAR 19 211 LOCATION STREET OM 19 8 29 ond that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 122e. ADDRESS 00 00 01 020 030 04 05 05 06 06 07 07 07 08 08 08 08 08 08 08	PRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO MAKE I STAFF DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN	TRIPYING CAUSES OF DEATH YES NO 18 PART I OR PART 2) COUNTY STA 19 22, that (I) (we hour and from the causes state
WEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE AT WORK 22a. I certify that (this has sow the recessed drive obove. At type and (did 27b. SIGNAT DRE 22d. PHYSICIAN'S NAME (TY) BURIAL, CREMATION, BEMOV	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFI spitol) ottended the deceased from not view the body after death E OR PRINT	DAY YEAR 19 211 LOCATION STREET OM 19 211 LOCATION STREET OM 19 212 ADDRESS ON AME OF CEMETERY OF CREMATORY TOTAL CALUARY CEMETERS	PRED (ENTER NATURE OF INJURY IN VITEM CITY OR TOWN A death occurred on the date and I DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN GRAFTON	COUNTY STA
WEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this has sow the precessed drive obove, All type and (did 27b. SIGNATURE) 22a. PHYSICIAN'S NAME (TY) BURIAL, CREMATION, DEMOV	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFI and the body after death E OR PRINT, AL 23b. DATE	DAY YEAR 19 211 LOCATION STREET DOMN 19 8 27, and that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 120. ADDRESS 230. NAME OF CEMETERY OF CREMATORY TOTAL CALUACY CEMETERS 1250. D. 1250. D.	PRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN TO MAKE I STAFF DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN	COUNTY STATES OF DEATH YES NO

Captasins True II and Captasins CEVERLY PRINCE CEORGES DESCRAL LOSSELLAT - LANGE - Harve Mark Total Control of the Control of Later Colonia TAM box contacts of no provide the fire

requires that the death certificate be

OR ATTENDING PHYSICIAN: The lo

TO HOSPITAL

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

notified at once.

must be

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examin

STATE OF MARYLAND

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Straig			42	

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE &	REG. NO.	3 / 3	6 0
		CEASED NAME OR PRINT)	FIRST ECCA	٨	L	LATI	MED	20. DATE OF		DAY YEAR	26. HOUR 6:00P AA
	3 SEX			RACE	TTE	5 DATE C		6 AGE (IN YE	EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		TROINIA	OREIGN 7b.	CITIZEN OF	CEORGE	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		GEORGE S	TY OF DEATH	MD.
p		IY OR TOWN OF DEA LINTON	TH 11.	(IF NOT IN SUCH	IOSPITAL, NURSIN HEACILITY, GIVE STREET IN MARYLAN	ADDRESS)	OR OTHER INSTITUTION	HOUSE	OCCUPATION OF WORKING		OME
	MAR	L RESIDENCE (IF NURSI	PRINCE				13d INSIDE CITY LIMITS? YES NO	- 10	LUMAR DRI	VE	
Ò	14. FA	JOHN	HUE	NRY	DAVI	S	15. MOTHER'S MAIDEN NAM	ME	ANNIE	CRID	LER
	16a. W	AS DECEASED EVER (ES, NO OR UNKNOWN)	N U.S. ARMEI		213-46-9		17. INFORMANT Beorge E Club			ive New	Port Rich
		18 CAUSE OF DEATH PART I. DEATH W	(Enter anly a AS CAUSED B IMMEDIATE C	Y:	line for (gY, (b), one	s Sta	tic freum	nia.			MATE INTERVAL ONSET AND DEATH
	M	436 0, conditions, if ony,			AS A SONSEQUE	NCE OF	A Coma.			60	+ days
		gove rise to imm cause (a), stating underlying cause		DUE TO, OR	AS A CONSEQUE	NCE OF	Bilateral	5+1	oke	60t	days.
	NOIL	PART 2. OTHER SIGN	Non		NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM			GIVEN IN PART 1(
	CERTIFICATION	190 DATE OF OPERAT	A		DNX	PERATION A	n was performed	200 AUTO	NO E	YES, WERE FINDIN TIFYING CAUSES YES [
		21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./ P./	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTERNA)	TURE OF INJURY IN ITEM T	8 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	UE []	(AT HOME, STRI	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an	3	- Z 10 8	72 , on	nd that in (my) (out) apinion of	, ta	d an the date and h		that (I) (we) lost causes stated
		22b. SIGNATURE	19	Fan	000).1	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	3-2	SIGNED -82

BP

DHMH-16 30M 2/80 (VRA 15, 4)

3/6/82

236. DATE

23d. LOCATION
CITY OR TOWN
Oxon Hill

24 FUNERAL DIRECTOR
George P Kalas Funeral Home

24d. PHYSICIAN'S NAME (TYPE OR PRINT

CREMATION, REMOVAL

Burial

St Barnabas Cemetery BY REGISTRAR ADDRESS Oxon Hill, Maryla

ill Prince George Md.

25b ABGISTRAY'S SIGN OF THE STATE
1.10.8 73 12 ~ o ve ew cmt

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO					

- STATE REGISTRAR				CERTIF	FICATE OF DEATH	RE	G. NO.			
1. DECEASED NAME	FIRST	A	MIDDLE	1	LAST	20. DATE OF DEA	TH MON	TH DAY	YEAR	26. HOUR
(TTPE OR PRINT)	Robert	Mar	rice	T.F.A	MAN	March 2	0. 10	982		B:20p. M
3. SEX	1	RACE	11110	5. DATE C	OF BIRTH	6 AGE (IN YEARS L) IF	UNDER I YEAR	IF UNDER 24 HRS
Male		- 200.70	ite	Marc	ch 12, 1932	50		YRS.	NIHS DATS	MOURS MIN.
To BIRTHPLACE STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	TY OR CO	OYTHU	FDEATH	
Washington,		U.S.	A.	WIDOWE		Prince (eorg	e's C	County	, MD.
10 CITY OR TOWN OF D	EATH 1	I. NAME OF H	HEACHITY GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCU		WING LIEF		F BUSINESS OR
Lanham		Doctors	' Hospit	al of	P.G. County	Salesma				Liquors
WOUAL RESIDENCE (IF NO	IRSING HOME OF O		GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDR	rec.			
Maryland	P.G.		Cheverly		YES NO	2340 Be		ew A	Ve.	
14 FATHER'S NAME				,	15 MOTHER'S MAIDEN NA	ME				
Maurice		DDIE	Leamar		Nettie	MID			Samp	
16a WAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT		DDRESS	4 4 4 4 4	-	ame as
Yes - Army	(IF YES, GIVE V	VAR OR DATES)	578-40-3	3058	Wildred T 1					ame as
Tee - Wrmi	KOI	ca	070-10-0	9300	Mildred L. I	Jeaman		NO#	13e.	
18 CAUSE OF DEA PART 1. DEATH	IMMEDIATE y, which mmediate	CAUSE (o)	Cardio	SUCE OF	fintay ictas hhic	to i lu Carina		f Im	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if on gove rise to in cause (a), statumerlying cause	MAS CAUSED IMMEDIATE IV, which mmediote ting the se lost	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	Car dis R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	bimbor y etas beto	Cavina	nn	U	mig	1 9 ma
Conditions, if on gove rise to in cause (a), statumerlying cause	WAS CAUSED IMMEDIATE IV, which mmediate thing the se lost GNIFICANT CO	DUE TO, OR DUE TO, OR (c) NDITIONS CO	Car do a R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	ENCE OF ENCE OF DEATH BUT		CAV LINAL DISEASE OR 200 AUTOPSY?	CONDITIO	IF YES, W CERTIFYIN	IN PART 10 VERE FINDING CAUSES	NGS USED OF DEATH?
Conditions, if on gove rise to in cause (a), statumerlying cause	IMMEDIATE y, which mmediate thing the se last GNIFICANT CO	DUE TO, OR DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE TION FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	CAV LINAL DISEASE OR 200 AUTOPSY? YES \(\) NO	CONDITIO	IF YES, W CERTIFYIN YES [IN PART 10 VERE FINDING CAUSES	O NGS USED
Conditions, if on gave rise to in cause (a), statumderlying cau. PART 2 OTHER SIG	WAS CAUSED IMMEDIATE y, which mmediate ting the se lost GNIFICANT CC ATION	DUE TO, OR DUE TO, OR (c) NDITIONS CC	R AS A CONSEQUE TION FOR WHICH	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	CAV LINAL DISEASE OR 200 AUTOPSY? YES \(\) NO	CONDITIO	IF YES, W CERTIFYIN YES [IN PART 10 VERE FINDING CAUSES	NGS USED OF DEATH?
Conditions, if on gave rise to in cause (a), statumderlying cau. PART 2 OTHER SIG	WAS CAUSED IMMEDIATE DUE TO, OF DUE TO, OF (c) NDITIONS CC 196 CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCURE	CAV LINAL DISEASE OR 200 AUTOPSY? YES \(\) NO	CONDITIO	IF YES, W CERTIFYIN YES [IN PART 10 VERE FINDING CAUSES	NGS USED OF DEATH?	
PART 1. DEATH Conditions, if an gave rise to in cause (a), statunderlying cause (a), and a cause	WAS CAUSED IMMEDIATE	DUE TO, OR DUE TO, OR (c) 196 CONDI 216. TIME OI HOUR A.A. 216. PLACE C	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	ENCE OF ENCE OF OPERATIO OPERATIO 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	CONDITIO	IF YES, W CERTIFYIN YES [IN PART 10 VERE FINDING CAUSES	NGS USED OF DEATH?
PART 1. DEATH Conditions, if an gave rise to in cause (a), statunderlying cause (a), and a cause	WAS CAUSED IMMEDIATE DUE TO, OR DUE TO, OR (c) 196 CONDI 216. TIME OI HOUR A.A. 216. PLACE C	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY	ENCE OF ENCE OF OPERATIO OPERATIO 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCURE 21l LOCATION	INAL DISEASE OR 200 AUTOPSY? YES NO RED (ENTERNATURE O	200 200 IN I	IF YES, W CERTIFYIN YES [VERE FINDING CAUSES I OR PART 2) COUNTY	NGS USED OF DEATH?	
PART 1. DEATH Conditions, if an gove rise to in cause (a), state underlying cause (a) and the state of the s	WAS CAUSED IMMEDIATE DUE TO, OR (c) DUE TO, OR (c) NDITIONS CC 19b CONDI 21b TIME OF HOUR A.A. PLACE (AT HOME, STRI	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY OFFICE FOR	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET	INAL DISEASE OR 200 AUTOPSY? YES NO RED (ENTERNATURE O	CONDITION 10 TO TOWN	IF YES, W CERTIFYIN YES [(EM 18 PART	VERE FINDING CAUSES 1 OR PART 2)	NGS USED OF DEATH? NO STATE	
PART 1. DEATH Conditions, if on gove rise to in cause (a), statunderlying cause (b), statunderlying cause (a), statunderlying cause (b), statunderlying cause (b), statunderlying cause (b), statunderlying cause (c), statunderlying (c), statunderlying cause (c), statunderlying c	WAS CAUSED IMMEDIATE DUE TO, OR (c) DUE TO, OR (c) NDITIONS CC 196 CONDI 216. TIME OI HOUR A.A. 21e. PLACE C (AT HOME, STRI	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY etc. FACTORY OFFICE FI e deceosed from 19	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET	INAL DISEASE OR 200 AUTOPSY? YES NO RED (ENTERNATURE O	CONDITION 10 TO TOWN	IF YES, W CERTIFYIN YES [(EM 18 PART	VERE FINDING CAUSES 1 OR PART 2)	NGS USED OF DEATH? NO STATE	
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retained by the haspital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in we should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

the burial-transit permit. Then please remove a ond Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is marked or Item 18 shows any

injury, or other troumatic event, the

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

March24,1982 Ft. Lincoln Cemetery Brentwood P.G. Maryland

150 Date REC'D. By REGISTRAR 256, REGISTRAR 256 REGISTR

Hele Here I 1932

Salesum Marland L.G. Chevenly x 2540 Relleview ive.

Sauce C. Cenura Yeltie U. Saucean

A Pres Suce and Yes - New Yeltie Tores Suce and Yes - New Ye

Parish Parch24,1983 Ft. Lincoln Compler Brentwood F.G. Maryland

e. daschis kons 5.9. F.A. Myatisville, Nd. ___ Mathica Cal

6	FOR - STATE REGISTRAR DECEASED NAME FIRST	DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	REG. N	
(NA)	1. DECEASED NAME FIRST AUTONOMOTE TO THE PRINT P			OWARD	20. DATE OF DEATH	3 7 82 2 F
(IA)	3. SEX Female	4. RACE Caucas i an	5. DATE C	23- DAY 1909 AR	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR IF UNDER 24 I MONTHS DAYS HOURS A
Seeth Po	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Jersey	16 CITIZEN OF WHAT COUNTRY	MARRIE	D DIVORCED	Pr. Geo	R COUNTY OF DEATH
by the filed with	Bow ie	11. NAME OF HOSPITAL, NURS	ngh am	Dr.	170 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	12b. KIND OF BUSINESS SE VORKING LEES INDUSTRY ST. Te legraph - R
filled in hould be	BOXXXX Md. Pr			13d. INSIDE CITY LIMITS? YES NO		uckingham Dr.
ompletely ond 2 s	James	Jorda Jorda		15. MOTHER'S MAIDEN NA	MIDDLE	Ryan
medico	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 155-16		James A. L	eonard Sa	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician. If the this certificate has been signed by the ottending physician and completely filled in by as the build-invasity permit. Then please consonaboles. Pages 1 and 2 should be filled in hond Mental Hygiene prior to build, cremation, or removal.	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	JENCE OF		LUNG	1/6/3/2
1. RECORDS, 2. On. On. Probability. Demily.	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	1 CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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TEM 18 PART 1 OR PART 21 COUNTY STATE 19 82 MAR 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter deoth. 19 82 ond that if (my) four) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22d PHYSICIAN'S NAME (TYPE 22e ADDRESS SUPERIOR BOWIE NELSOW GODDMAN 3231 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION (SPECIBuria) 3-10-82 Bowle Pr. Geo. Sacred Heart MH. Beall Funeral Home 24 FUNERAL DIRECTOR 16,000 Annapolis Red. Bowie, Md.

12b. KIND OF BUSINESS OR e legraph-Ret

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 YEAR

IF UNDER 24 HRS

DHMH - 16 50M 1/B1 (VRA 15, 4)

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New Jersey U.S.A. - L. De. De.

Bowie 12817 Buckinghum Pr. Amer. Bist, Teleuragh-Ret

KKKINX Mr. Br. Gen. Gewie 1281/ Buckinch m Dr.

Junes dorates sans

No 155-16-3105 James A. Leonary Sone as u 13

Burial 3-10-62 Source Mears Bowle Pr. Geo. Mrs. Scall Funeral Home

1C4 -101			CEASED NAME FIRST	MIC	DDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b F
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III MILE		3. SE)		4 RACE		S. DATE C	2/5/	6. AGE (IN YEARS LAST	BIRTHDAY}	MUNDER I YEAR	IF UN
ETHIN S			Male	Cauc.		Apr	il 15, 1922		YRS.		400
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1 189	101		New York	U.S.A		WIDOWE	D DIVORCED	Princ	e Geo	rges	
	100	10 CI	Bow ie		SPITAL, NURSING FACILITY, GIVE STREET A VOOCH AV		or other institution	120 USUAL OCCUPA		126 KIND (FE) INDUSTRY	OF BUS
120	, o		AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GE	VE RESIDENCE BEFORE		ane	BCL. Adil	111,	N.	. П
MARYLAND 2120 ed within 24 hours mpletely filled in ey ond 2 should be little	36		aryland P	.G.	Bow ie		13d. INSIDE CITY LIMITS? YES NO	4 100 W	soodh a	ven La	ane
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, MA	3.01		Sture		ljeroth		Svea		Н	ult	
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ITAI	tygie sho	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF I	INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN		PART I OR RART 2)	NC
OF V Clan Prinfic	I ma		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DA	Y YEAR					
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DIVISION OF VITAL NG PHYSICIAN: The cottending physician wher this certificate in	h ond rked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET	T FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR	Nown	COUNTY	
NDIN I or	teott is mo		220 1 certify how (this hosp	2 1110	- 1	0 7	. 19	10 Ma		19_82	thotal
Spite CTO	of h		sow the deceased alive a above the well did (did n	otymus physody at	ter defath	O Con	d that in (our) opinion	death occurred on the	date and hou	ir and from the	couses
or he bushes	Dept f Her	0.5	22b SIGNATURE	11/1	11/		DEGREE	MEDICAL ST	ASE	TH. DATE	SIGN
TAL by th RAL dete	T T	J.	Jun (Man	Vau	en l	ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF SICIAN	3/	2
OSP Sed &	PRTA		22d. PHYSICIAN'S NAME THE			-	22e ADDRESS				1
eforr TO F	With IMPC	00.	Jay A. O				3301 New'l	Mexico Av	e., N.	W. Was	h.
		73n B	LIRIAL CREMATION REMOVA	1 23h DATE	23c N	AME OF CI	EMETERY OR CREMATORY	1234 LOCATION			

Item #5&6 Film G565 3/24/82 rc

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

Hu 1t A 100 Woodhave La. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NJURY IN ITEM TO PART I OR RART 2) IOWN STATE X 2, thotath (we) lost date and hour and from the causes stated SICIAN e. N.W. Wash.. Burial 3/16/82 1st Luth Ch. Cem. CITY OF TOWN STATE Bowie, Mary land Beall Funeral Home 251 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. 16000 Annapolis Road, Bowie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b KIND OF BUSINESS OR

N. H.

Denge S. Liljerone Mirch 19,13E2 and Male Cauc. Loril 15, 1922 59 18 New York U.S.V. Prince Georges o is 100 longinaves Late Set. Attin. - M.L.H. starry) m 2.6. Soule g 4199 scochaven Lane JI HH Sture Lilieroth Sven Staffyeld, Nimst. ----- 189-21-5282 Kristin Lilleroot, 100 voceb ve to.

Auril 2/16/2 1st Lith Ch. Jam. Bovie, Marvl at Book an molis Royr, acris, Mr.

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STATE OF MARYLAND DED A DEMENT OF MEALTH AND MENTAL HYCICHE

23d LOCATION
CITY OF TOWN
Fairmont,

Marion, W. Va.

25b. REDISTRAR'S STSNATURE

1 -	STATE REGISTRAR			DEFAR		ICATE OI	DEATH	I GIERE	REG. I	NO.				
	CEASED NAME	FIRST		MIDDLE	l	AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	26 HO	UR
		OY		M	LIN	N				3	31	82	7:50	PM
3 SEX			4 RACE		5. DATE C	OF BIRTH	25.00	6. AGE	(IN YEARS LAST B	IRTHDAY)		DERIYEAR		R 24 HRS
	MALE		WHIT	E	Jan		1924		58	YR:	MONTH S.	S DAYS	HOURS	MIN.
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	. VA.			SA	WIDOWE		DIVORCED [- 11	INCE G					MD.
	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)			TYPE OF	AL OCCUPA WORK FOR MOST	OF WORKING	G LIFE) IN	NIND O		ESS OR EPT
	LINTON LIRESIDENCE (IF NURS	ING HOME OR	SOUTHE OTHER INSTITUTION	RN MARYI	AND HO	SPITA	L	TIND.	PECTO	R	U.S	.NA	/ I L	EFI
13a S		136 COUN	TY	TEMPLE	NWN		CITY LIMITS?		1 OXO		IN D	RIVE	2	
14 FA	THER'S NAME		MIDDLE	LAST			R'S MAIDEN N	VAME	MIDDLE					
H		W.	LI			I	DÜTHA		WIDDLE	MC	NRO	E LAS		
	(AS DECEASED EVER ES NO OR UNKNOWN) YES		WAR OR DATES	166 SOCIAL SEC		17. INFORM	Y J. I	LINN,	WIFE		ME	AS A	BOL	Æ
	RATT DEATH W Conditions, if ony, gave rise to imm couse (a), stofin underlying couse	AS CAUSEI IMMEDIAT which mediate ig the last	DUE TO, O	ZNTE RAS A CONSEQ RAS A CONSEO	DUENCE OF DUENCE OF	Colo							Clay	
NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>CC</u>	DNTRIBUTING TO	O DEATH BUT	NOT RELAT	ED TO THE TER	rminal dise	ASE OR COM	VDITION (GIVEN IN	PART 10	2	
CERTIFICATION	3/18/8	L	-	ICEF G	1_	LU A	FORMED	20a. A	UTOPSY?			CAUSES		TH?
	210 ACCIDENT WAS UND	CAUSE OF DEA	21b. TIME O HOUR A	M. MONTH	DAY YEAR		INJURY OCCU	JRRED (ENTE	R NATURE OF INJ	URY IN ITEM	IS PART I O	R PART 2)		
MEDICAL	21d INJURY OCCURE	THE 🗆	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE	E FARM, E1C)	211 LOCA STRI			CITYORT	OWN	C	OUNTY		STATE
ě,	220 I certify that (I) saw the decease obove, (I) (W) (c						y) (X r) apinio	2, to	3/3 urred an the o	date and h	_, 19		that (1) (() last
	22b. SIGNATURE	LP.	Cler	um 1		DEGREE	ATTENDING, PHYSICIAN		AL STA	AFF ICIAN []	2	3/3/	SIGNED 82	
	Joseph	P. C		M.D.		So.	Md. Ho	ospit	al, C	clint	on,	Md		

230 NAME OF CEMETERY OR CREMATORY

Hebron Cemetery Fairmon 4308 Suitland Too Date RECT. BY REGISTRAN 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDIT retained by the hospital or

BP.

should be detached for use as the buriol-transit permit. Then please remove carbangophysician and completely filled in by the funeral with the State Dept. 2 should be filed within 72 mappers. Pages 1 and 2 should be filed within 72 mappers at the complete of Health and Membel Hygiene prior to buriol, cremation, or removal.

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injury, or other troumatic event, the

MPORTANT: If them 21 is morked or them 18 sho

230 BURIAL, CREMATION, REMOVAL (SPECE Burial

74 FUNERAL DIRECTOR RObt E Funeral Home

23b DATE

4-5-82

Wilhelm 4308 Suit Rd., Suitland, Md.

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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		RUT	H TITUS	MARCY	MARCH 31	1982 12:0
700	3 SE	TEMALE	4. RACE WHITE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Nov. 22, 1891		RS.
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fmyst be			NTY 13c. CITY OR TOW NECE Geo. Chever1		13e STREET 14 Chever	rly Avenue
Downine.	14. FA	THER'S NAME	MiDOLE LAST	15. MOTHER'S MAIDEN N. FIRST Minerva	AME	uckingham
0 ,	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS	
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e Dept. at require and weman hygiene prior to bond: If them 21 is marked at them 18 shows any injury, at	MEDICAL	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER OF THE ORDER	DUE TO, OR AS A CONSEOU (b) SPUCE DUE TO, OR AS A CONSEOU (c) CUCOLE C CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1) 10 ottended the deceased from 1 2 20 11 view the body ofter death.	ENCE OF FULL FULL RELATED TO THE TERM DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 FARM, ETC.) 211 LOCATION 51REE1 DEGREE ATTENDING PHYSICIAN 170 ADDRESS	Le - Ache Luino. MINAL DISEASE OR CONDITION 20a AUTOPSY? YES NOTE NOTE RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY 19 22. that (1) (w. 1) thour and from the causes state 221. DATE SIGNED

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1-	FOR STATE REGISTRAR			EPARTMENT	OF HEALTI		IT AL HYGIE	Carl Street	REG. NO	3 7	à c	8
	CEASED NAME	FIRST		MIDDLE	15:111	LAST		2a. DATE KI	NOWN A		DAY YEAR	₹ 26 HOU
(17)	PE OR PRINT)	James	L	ouis	Mar	kham		OF DEATH A	MATED	3	16 19 82	,
3. SEX		MC	ATE OF BIRTH DAY		(IN YEARS IF UI		UNDER 24 HRS	PRONOUNCE DEAD	CED	монтн 3	16 1982	11:30
7a. B	IRTHPLACE (STATE OF		CITIZEN OF WHA		YRS.	× × × × × ×	R MARRIED		RE CITY O		16 1982	р. м
	labama		USA		MARR		DIVORCED [1	eorge			445
1D. C	TY OR TOWN OF DE	(NAME OF HOSP	ITAL, NURSING F	RESS)	HER INSTITUTIO	FC	SUAL OCCUPA OR MOST OF WORKIN	ATION (TYPE		OR INDUS	
	AL RESIDENCE (IF IN A TATE Md .	136 COUNTY	ER INSTITUTION, GIVE	RESIDENCE BEFORE AI 13c. CITY OR TOV Forest	WN	13d. INSIDE CITY	LIMITS? 13e S	treet address	S	0 7/2	zen 11e	
14. F.	ATHER'S NAME		O.E.			15. MOTHER	S MAIDEN NAM	ME		C AI	•	
	James	B.	Mar	kham	LIDITY LLC	17. INFORMA	Lou	Alic		V	Vilson	
Ne	WAS DECEASED EVE ES. NO, OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	428-60				am, Wi		Same	as A	bove
	18. CAUSE OF DEA	ATH (Enter only one WAS CAUSED BY:						11.			APPROXIMA BETWEEN ON	ATE INTERVAL
	Conditions, if gave rise to cause (o) stotic lying cause las	immediate ng the <u>under-</u> t.	(b) DUE TO, OR A (b)	pertensi AS A CONSEQUE AS A CONSEQUE	NCE OF							
NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CONTRI</u>	IBUTING TO DEATH BU	JT NOT RELATED TO TH	E TERMINAL DISEAS	SE OR CONDITION G	IVEN IN PART 1 :0 ;					
CERTIFICATION	190. DATE OF OPER	RATION	196. CONDITIO	ON FOR WHICH	OPERATION V	AS PERFORME	D?				20 AUTOPS	
	210. EXTERNAL CAI UNDERLYING CONTRIBUTING	OR CAUSE OF DEATI		MONTH DAY	YEAR 21c H	OW INJURY O	CCURRED LENTE	ER NATURE OF INJUR	RY IN ITEM 18 P	ART I OR PA	YES	NO (\$\frac{1}{2}\)
MEDICAL		RRED T WHILE WORK	21e PLACE OI STREET, FACTO	FINJURY (AT HOD DRY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	N	COL	UNTY	STATE
	226. I certify tho deoth resulted fro ACTUAL SIGNATURE EXAMINER'S NAMI	Augusto	Des A	ribed above, held Accident . Accident . Accident .	Suicide	TITLE (SPE Dep	CIFY)	etermined man	ner,	DATE SIGNE	3/17/1	
23a.B	URIAL, CREMATION, SPEBULIAL	REMOVAL 236. DA		23c. NAME O	F CEMETERY C	REST	v 123d	LOCATION LY OR TOWN berdee	_			
24. F	UNERAL DIRECTOR				08 Sui	Later Land						_

Ft. Lincoln Cem.

Bladensburge

VR A15 (4) 45M - 1/69

24. FUNERAL DIRECTOR

3-10-82

H.S. WASHINGTON & SONS 4925 BURROUGHS AVE. N. E. DATE

MORE CIVIL S Forest Analt - p'aproso somiri Tukk x and the course of the course o .dertaning this is a grammosha 5 .0.4 The state of the state of the state of and arruding and if the art alone of the contract of the contr

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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MEDICAL SEXAMINER 3	L	FOR - STATE REGISTRAR			MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE BREG. N	0	7 8 7	0
MOTIFICA		ECEASED NAME FIRST		MICDLE	Wall Con	AŠĪ	20. DATE OF DEATH	MONTH OAY	YEAR 2b. HOUR	R
Do ed the dearth		Harold	1	incent		Mathis	March 1	1, 1982	3:30	PM
a po	3. SE	X	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHOAY) IF UN	OER I YEAR IF UNDER 2	24 HRS
1 27		Male	Cau	ic.	17	-15-16	65	YRS.	IS DATS HOURS	MIN.
1 100		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		HTASC	
1 4 1 1 1 1 1		North Caroli	ha U	.S.A.	WIDOW		Prince	e Georg	es	MD.
1 11 10	10 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION II	7b. KIND OF BUSINES	
201	1	Bowie		Shadow			Ret. Sa	lesman	Auto	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OF PHYSICIAN: The low requires that the death certificate between amplitude that the sentitions have been signed by the attending plysician and campitally liber in the buriol-transit permit. Then please remove corban equipment flags of hourd in the and Mental Hygiene prior to buriol, cremation, or removal and shows any injury, or other troumatic event the managed examiner matching orked or liem 18 shows any injury, or other troumatic event the managed.	13p M	STATE TO A COLOR	OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13.15TREET ADDRESS	adow L	ane	
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MAR DE STATE OF THE STATE OF TH		John Wes	Tey	Mathis	5	Mary	Florence	Burc	hett	
PR P		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR		ie	
IIWC		no	MAK OK OATES)	579-05-	-3475	June P. Mat	his 12400	Shado	w La. M	16.
BALI		18 CAUSE OF DEATH (Enter of	nly one couse p			0		L	APPROXIMATE INTERVIBETWEEN ONSET AND D	VAL DEATH
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the remover the		gave rise to immediate couse (a), stating the	DUE TO,	OR AS A CONSEOU	ENCE OF			_		
ol w d by lease i'al, c		underlying cause last	(c)_							
quires quires signe Then pl to burn	7	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(o)	
ORD requ	Ē								ig in	
L RECOB.	S	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH	H?
TAL RI The le sicion. If hos nist per gene shows	CERTIFICATION	a) (C)(a)(1)(1)(1)(a)(1)	2 00 7005	05.10.10.15.4		No.	YES NO	YES [NO [
SION OF VITAL PHYSICIAN: The ending physicio this certificate he buriof-tronsit in d Mental Hygica d or Item 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		OF INJURY L.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	DR PART 2)	
ION OF VI	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		OF INJURY	19	21f. LOCATION			V. T. C.	
DIVISION C attending fifer this cer os the burio th and Ment arked or Itel	MEC	WHILE O NOT WHILE O		TREET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OF TO)WN	COUNTY ST	ATE
DIVISI ENDING PI ol or other th Use os the Health and is marked-			A-1) - At	h. d	- 1	10 75	is MAR	1 14	82	
TTENDI or ITENDI or USE of Heol		22a I certify that (I) (the bosp sow the deceased alive a above, (I) (we) (did) (did n			12	nd that in (my) (var) opinion o	, 10	, 17_	from the course state	e) lost
A S O D - E		obove, (I) (we) (did) (did n 22b. SIGNATURE	at) view the bad	y ofter death.		DEGREE			22¢ DATE SIGNED	-
£ 0 =		1 Assault	KISA	hro-		ATTENDING \	MEDICAL STA	FF _	2 10 G	0
	1	22d. PHYSICIAN'S NAME (TYPE	OR PR			PHYSICIAN A	DIRECTOR PHYSIC	IAN	9-19-8	1
TO HOSP retained to TO FUNE should be with the S		Norman K.	Bohrer	MD		3231 Super	rior La.	Rowie	Mary Tar	nd
Of of short	23a	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	123d LOCATION	DOWIE,	rial y rai	10
BP		Cremation	3/12			ncoln Cem.	Brentwo	od. Ma	Evland "	att
DHMH - 16 50M 1/81	24. F	UNERAL DIRECTOR Real	Funer				HECD. BY REGISTRAR	-17 1	Californion .	
(VRA 15.4)	116	יו בפרים לחתם	- Dd	D ARDRESS	Mari	land and	שות ח וחחר	- Comment		

16000 Annapolis Rd., Bowle, Maryland

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Mornigo K. Bollier, M.P. 1221 Sincilo L., Borle, Kurlund

F. Gasch's Sons F.H. P.A. Hyatts. Md.

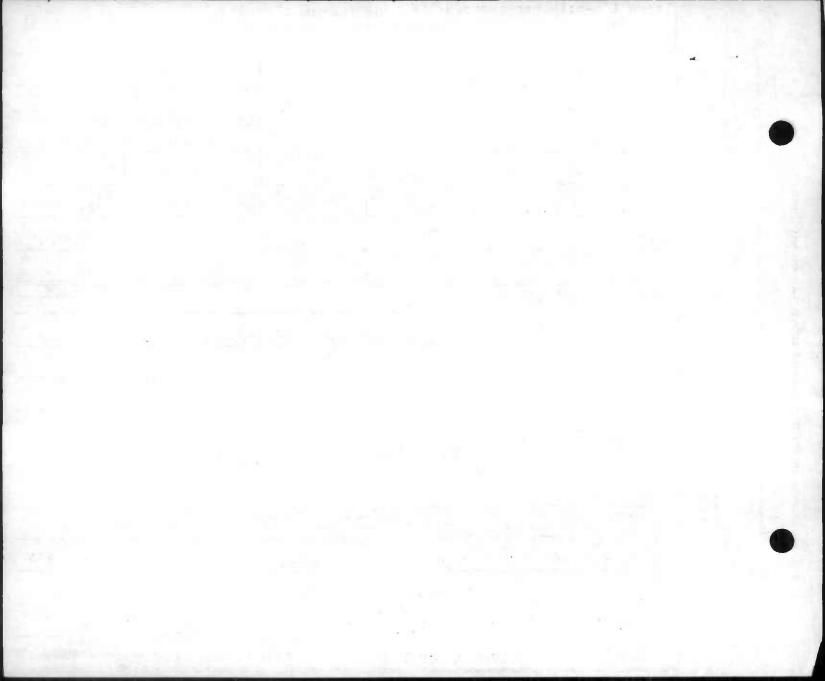
MARYLAND STATE DEPARTMENT OF HEALTH

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E. Conellis Tens C.M. P.A. Hyards Md. et

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Per retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120	#
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	It	ems 13a-e;14 p	per phone 4/16/	82 STAT	E OF MARYLAND			
		FOR dad			TEALTH AND MENTAL HY	GIENE B Z	0 / 5 /	2
	1	STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR 26. H	
nay be page 3 sr death	(TYPE	ORPRINT) BABY	GIRL	Mc	CANE		3 15 82 9	P. W
may,	3. SE	and the same of th	4 RACE	5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOUR	DER 24 HRS
Poge 4		FEMALE	BLACK	3	15 82	6	YRS 0 0 3	
		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	_	R COUNTY OF DEATH	,
death.		USA	USA	WIDOWI		PRINC		MU.
A Conference of the conference	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE PRINCE	T ADDRESS)	CGES	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	DN 12b, KIND OF BUSI EWORKING LIFE) INDUSTRY	INESS OR
ately fille in 2 should be inner miner miner.	USU. 130. S	TATE 135/COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 134. CITY OR TOV Landove	WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2230 Brig	Apt. 201 ht Seat Dr. 2	20785
etely 12 sh	14. F.A	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA			
po de		James	WIDDLE		JO YCE	MIDDLE	MCCAS	VE
± 0		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE		
		No						
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), a	nd (c).)			APPROXIMATE IN BETWEEN ONSET A	TERVAL
5 5 5 6			TE CAUSE (a) HEA	RT	FAILURE	3		
e death certif e attending p mave carban ation, ar rem fraumatic eve		7798	DUE TO, OR AS A CONSEQU	JENCE OF			174 3 HR	, (
he death ne attendi emave ca matian, a		Canditians, if any, which gave rise to immediate	(b)E	XTRO	THE PRE	MATURI	177 3 177	
t the re-		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF				
- n o a -			(c)					
requires an signed Then pl ir to buri	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONL	DITION GIVEN IN PART 1(0)	
- 0 >	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	IN WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS US	SED
hos hos	IFIC	NoNe				YES NOT	IN CERTIFYING CAUSES OF DE	
CIAN: The Is a physician. Strifficate has ial-transit per intal Hygiene	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	7.70	21c HOW INJURY OCCUR			
SICIAN ng phy certific certific vial-tre ental hem 1		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		NONE		
PHYSICIA ending ph this certifi te burial-ti ad ar Item	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			
DING PI ar after the se as the alth and marked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
ADIN R. Af			ital) attended the deceased fram.			, ta		(we) lost
TTE porto		saw the deceased alive an above, (I) (we) (did) (did ac	3 - 15 - 19 st) view the bady after death.	82,0	nd that in (my) (our) opinion	death accurred an the da	te and have and fram the causes	stated
OR A DIRECTOR OF A DIRECTOR OF THE M		22b. SIGNATURE	01 11		DEGREE	/	22t. DATE SIGNE	D
그를 그렇게 그		Barra		MD	ATTENDING PHYSICIAN [MEDICAL STAF	IAN 3-15-	82
HOSPITAL HOSPITAL FUNERAL WId be dett h the State		22d. PHYSICIAN'S NAME (TYPE O		1	22e ADDRESS	- 0	-1 11200120	
TO HOSPITA retained by TO FUNERA should be de with the State IMPORTANT		DAVID	CHELCASTI	7	PEINCE GE		N. HOSPIT AC	
Z = 1 ≥ 2 ≤	23o. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	SUNTY	STATE
BP		Cremation	4/7/82 P	.G. Ho	spital	Cheverly	PG" MD	
DHMH - 16 60M 7/73	24. FU	INERAL DIRECTOR	ADDRESS	2	25g, DAT	0 1 5 16077	Sb. REGISTRAR'S SIGNATURE	to:
(VR A 15 (4))		Rateign Cline	Cheverly, Mary	land	478)	V T 9 1387	ode named	



BP.

DHMH-17

(VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

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	34	FOR STATE			DEPARTMENT OF H				P 0-4	0 7	3 /	3
	1. DEC	REGISTRAR CEASED NAM E OR PRINT)		ME	MIDDLE	LAST			20. DATE KNOWN DE ESTI-	MONTH	DAY YEAR	26 HOUR
	3. SEX		Henry 4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR AGE (IN YEAR	MCCART S IF UNDER T	YR. IF UNDE	R 24 HRS.	DEATH MATED [2c. DATE PRONOUNCED	молтн	5 1982 DAY YEAR	24 HQU 3: 4
-	7a. BI	RTHPLACE (S	Negro	Qct. 16,	1958 23 YRS		NEVER MAR	nura DE	9. BALTIMORE CITY	OR COUNT	5 1982 Y OF DEATH	a. A
1	Was		on, D.C.	U.S.A.	PITAL, NURSING HOME,	WIDOWED [DIVOR	CED 🗆	P. G.	Co,	126 KIND OF BU	ME USINESS
4		everly		Prince Ge	citity, give street address) corge's Gene		pital		puter Aid		OR INDUST	RY
35	130. S	TATE	Prin		13c. CITY OR TOWN		SIDE CITY LIMITS?	13e. STR 320	9 Johnson	Avenu	е	
0		Henry		MIDDLE	McCarthy S	r.	OTHER'S MAIL FIRST ROXI		WIDDLE		Seeter	
1	16a. V	VAS DECEASE S, NO, OR UNKNI NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY 218-78-875		nry Mc	Carth	3209 J Lanha		n Ave.	
	N	gave r cause (a lying ca		(b)	AS A CONSEQUENCE OF	:	DITION GIVEN IN P	ART 1 q	3			
7	CERTIFICATION	19a. DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OPERA			20. AUTOPSY				
3		210. EXTERNAL CAUSE WAS 21b. TIME OF HOUR A.M. CONTRIBUTING □ OR CONTRIBUTING □ CAUSE OF DEATH P.M.		INJURY MONTH DAY YEAR 19			BPART I ORPAR		NO 🔯			
	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE [AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATIO STREET	N		CITY OR TOWN	COL	YTAL	STATE
		death result	ify that I took charg		cribed abave, held an	/	Inspection	on X.	Inquiry X, o	nd in my op		
2		SIGNATURE EXAMINER'S ITYPE OR PRI	NAME Au	gusto Rodr	riguez M.D.		eputy		rn Ct., Ca		0.3/5/198	
	(5	PECHY) Bu	rial	3/10/82	Harmony N	tery or crea	AATORY	23d. LC CITY	OCATION OR TOWN	coun	ity s	TATE MTD

NAME

HUNTELS LACE, 4339

MAR 8 1982 Frances Jan level

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	1.	FOR STATE REGISTRAR		DEPART	STATE OF MAR MENT OF HEALTH AN CERTIFICATE O	ND MENTAL HYGI		0	1	3 /
		CEASED NAME	FIRST	MIDDLE	LAST		REG. N 2a. DATE OF DEATH		DAY YEAR	26 HOUR
			Paul		McGowan			3 9	82	3:15
	3. SE	X	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER 24
		Tale	Cauc		12 13	1898	83	YRS		
15]	RTHPLACE (SATEORI COUNTRY) Penna.	USA	of what country?	MARRIED NEV	ER MARRIED DIVORCED	Prince Ge		OF DEATH	
00	Di	st. Height	ts 6505	Halleck St	•	NSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF retired		12b. KIND C INDUSTRY REA	Expre
35	13a. S	Md.	13b. COUNTY Pr. Geo.	13c CITY OR TOW Dist. Hg	VN 113d INSID	NO [13e STREET ADDRESS 6505 Hall	eck St	t.	
100	14. F/	ATHER'S NAME FIRST	Unk.	LAST	15. MOTH	ER'S MAIDEN NAM	Unk.		tA5	51
ll ledico		YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: none				ran 6501 Ha		St. Di	st.Hg
		Conditions, if any, gave rise to imm	which b), OR AS A CONSEOU						
	FICATION	gave rise ta imm cause (a), statin underlying couse	which begin the lost. (c)). OR AS A CONSEOU	ence of		NAL DISEASE OR CON	20b. IF YES	EN IN PART 11. , WERE FINDIN	NGS USED
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once.	3 SE	Female	Whit	e	Dec.	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 81, YRS	MONTHS DAYS HOURS MIN
10 mg/ 6	C	New York	USA	WHAT COUNTRY?	WIDOWE		Prince Georges	County M
filed within		TY OR TOWN OF DEATH Laurel LRESIDENCE (IF NURSING HOME OR	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION 111e Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI MACHINE OPERATO	12b. KIND OF BUSINESS O HE) INDUSTRY r perfume fac
should be fi	130 5	Md PG	OTHER INSTITUTION TY	Is CITY OR TOW Laurel	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13. 14110 Bramble	Court
completely 1 and 2 sho		THER'S NAME FIRST John Hen				Pauline	Diedtmann	LAST
Pages 1,	láe V	(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE 10	WED FORCES? WAR OR DATES)	1.1.1. 1.8		William R. 1	ADDRESS McKinley 13401 F	insbury Ct, La
equires that the de signed by the atter n please remove or burial, cremation injury, or other tr		Conditions, if any, which gove rise to immediate couse fol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b)	OR AS A CONSEQUE	nce of	ti Cancer NOT RELATED TO THE TERM	MAI DISEASE OR CONDITION GI	(month
an. The raw led to th	CERTIFICATION	190 DATE OF OPERATION 2.26.82	196 COND	olen ob	OPERATION	A	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
ng physician. this certificate urial-transit p Mental Hygie		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A	OF INJURY .M. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
or attending DR: After the se as the burnealth and Miss marked of	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or a DIRECTOR: bed for use a Dept. of Heal		220.1 certify that (I) (this haspit sow the deceased alive on obove. (I) (we) (did) (did not	3.2	7. 19.8	2, an		to 3.2.7. death occurred on the date and ho	ur and from the couses stoted
y the ho yy the ho iRAL DIF detached detached state Dep		226. SIGNATURE	m A	Blue	ta '		MEDICAL STAFF DIRECTOR PHYSICIAN	3.26.82
retained by the I		224 PHYSICIAN'S NAME (TYPE OF	A	Внит		14201 La	irel Park of	rive Lamel 2. 20707
BP	73a B	URIAL, CREMATION, REMOVAL BUTIAL	March			Lincoln Cem	23d LOCATION CITY OF TOWN Brentwood, 1	COUNTY STATE

250 THE REC'D, BY REGISTRAN 256 REGISTRANS SIGNATURE

14 FUNERAL DIRECTOR
NAME Donaldson Funeral Home 55 Laurel, Md

DHMH-16 25M (VRA 15, 4) 1/79 remaind , a command of the contract of the contract of the contract of

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the attending physician and corremove corbonpopers. Pages 1

should be detached far use os the burial-tronsit permit. Then pleose remove c with the Stote Dept. af Heolth and Mentol Hygiene prior ta buriol, cremation,

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or attending physicial

FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	0 7 8 7 6		
1. DECEASED NAME FIRS (TYPE OR PRINT)		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
MARJO		MC LAUGHLIN	03	05 82 6:45		
FEMALE	4 RACE WHITE	5. Date of Birth Dec. 21, DAY1917	6 AGE (IN YEARS LAST BIRTHDAY) 64 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN		
76. BIRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE			
10. CITY OR TOWN OF DEATH CHEVERLY		ING HOME OR OTHER INSTITUTION TABBRESS ERAL HOSPITAL	120. USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKIN Housewife	12b. KIND OF BUSINESS OF		
	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 130 CITY OR TOY Bladens	WN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS A	venue		
Jesse Clare	nce Barlow LAST	15. MOTHER'S MAIDEN N	Alice	Robinson		
160 WAS DECEASED EVER IN U.S.	S. ARMED FORCES? 166 SOCIAL SEC ES. GIVE WAR OR DATES) 218-80-		ADDRESS Aughlin Same as	#13 (Husband)		
	DUE TO, OR AS A CONSEQU	LENCE OF	rminal disease or condition	GIVEN IN PART 1101		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc		
	DE DEATH HOUR A.M. MONTH D	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM			
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE AT WORK NOT WHILE AT WORK	2Te PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	27a.1 certify that (1) this haspital) attended the deceased from 3-4, 19 8-2, to 3-5, 19 4 sow the deceased alive on 3-5, and that is my) (our) opinion death accurred on the date and hour and above. (I) (we take take the bady after death					
22d. SIGNATUR	un Steine	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	??c. DATE SIGNED		
	is Stein berg		andover Rd, C	andover, red		

Ft. Lincoln Crematory Brentwood

P. GUNTY

REGISTRAR KID REGIST AND SIGNAL LINE

rock

Md.

BP.

Hyattsville, Maryland

230 BURIAL, CREMATION, REMOVAL

Cremation

3/9/82

Trancis Gasch's Sons Funeral Home, P.A.

DHMH - 16 50M 1/81 (VRA 15, 4)

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V. 5.	, ic . 20		1216/07/
PRINCE STREETS COLLETY	X	4.2.4	oido
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5503 Volta Avenue	r mredenetos f	ince the .	neyland Pr
neshidoN ooil	nbh wo s	ee Ror	donsil oscob
(Bandwell 11 Some and milder	218-81-3145 John A. McLau		07

	1-:	FOR STATE REGISTRAR			STA EPARTMENT OF ICAL EXAMIN	HEALTH		OF DEA	TH RE	0 7 g. no.	8 7	7
	(TYP)	E OR PRINT)	FIRST MARV I	N	MIDDLE		MEACHUM.		o. DATE KNOV OF ESTI DEATH MATE		DAY YEAR	26. HOUR
H	3. SEX	ale '	white	OCT 24					RONOUNCED DEAD	3-2	26-829	4:1288 a
2	FOI	RTHPLACE (STAT	E OR	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MA	RRIED	Prince		S County	,
4	10. CI	CANSAS TY OR TOWN OF heverly		HE NOT IN SUCH FACI	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	12a. USU, FOR M	AL OCCUPATION OST OF WORKING LIF	N (TYPE OF WORK	126 KIND OF BU OR INDUSTR	SINESS
3	130. S1	ARYLAND	13b. COUNTY		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN FT. WASHING			3012	ET ADDRESS ALDERTO			
06	V	THER'S NAME FIRST VALTER	E		EACHUM		15. MOTHER'S MA FIRST MART		WIDDLE		WEATHERS	5
1		AS DECEASED I	EVER IN U.S. ARMI N) (IF YES, GIVE W WWL	AR OR DATES)	386-22-906		ARLENE M	MEACH		ALDERTO		SHINGT ON
	7	Canditians, gave rise cause (a) st lying cause		CAUSE (a) UI TO, OR A (b) DUE TO, OR A (c)	ON TO THE SELECTION OF THE SERVICE OF THE SELECTION OF THE SELECTION OF THE SERVICE OF THE SERVI	OF OF						
1	CERTIFICATION	19a DATE OF C			ON FOR WHICH OPE			PARI I d			28 AUTOPSY?	мо 🗆
3		210 EXTERNAL UNDERLYING CONTRIBUTING			3-25-82 YEA	R sub	ownjuryoccur Dject fel				RT 2)	
2	MEDICAL	210. INJURY OCCURRED WHILE AT WORK AT WORK 210. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, SIC.)						d STATE				
6		22a certify death resulted ACTUAL SIGNATURE			ibed abave, held an Accident XX. Si	Autaps		Undete	Inquiry ,	and in my ap	3-26-82	
2		EXAMINER'S N. (TYPE OR PRINT) - Marc	parita A.	Korell, M.I		ADDRESS_1_1_1	Ponn S	treet			
		IRIAL, CREMATIC PECIEY) JRIAL	ON, REMOVAL 23	3/29/82	23c. NAME OF CE			23d. LOC CITY O	RLINGTON	VIRGIN	IA ST.	ATE

DHMH-17 (VR A15 ME (5)) 15M 2/80

BP

KALAS FUNERAL P

24 FUNERAL DIRECTOR

6160 OXON HILL

256. REGISTRARE SIGNATURE

HOME

250. DATE REC'D. BY REGISTRAR

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The state of the s

executed within 24 hours afte

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physicion.

FOR		2524	STATE OF MARYL	
STATE REGISTRAR		DEPA	CERTIFICATE OF I	
EASED NAME	FIRST	WIODIE	LAST	

IENE	8	2	0	7	3	1	3
		DEC NO					

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		1010
I. DE	CEASED NAME FIRST	WIODIE	LAST	REG. NO. 70. DATE OF DEATH MONTH	DAY YEAR 7b. HOUR
(TYP)	E OR PRINT) Lillia	an .	Miles	March 13	
3 SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Black	March 27, 1919	60	MONTHS DAYS HOURS MIN.
°o B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OFDEATH
	COUNTRY)		MARRIED MEVER MARRIED	Prince George's	
10 C	Md . ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
R	iverdale	Leland Memorial	AOORESS)	TYPE OF WORK FOR MOST OF WORKING LIF	INDUSTRY Laundry
USU			E AOMISSION)		
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	P.G. Cottage	City YES NO [3721 40th Ave	•
14. E/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
	Richard	Berry	Mattie		Unknown)
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS	
	No	577-22	-3807 Virginia	Berry-Same as	# 13 above
	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), an	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a) CARDI	OPULMONARY A	RREST	
	1509	DUE TO, OR AS A CONSEQU	ENCE OF		
	Conditions, if any, which	(b) ME	TASTATIC CAL	RCINOMA of Esoph	AGUS
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUI			
	underlying cause lost.				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
NO NO	DE	HYDRATION ;	Exhausion		
CAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
CERTIFICATION					YING CAUSES OF DEATH?
E.	710. ACCIDENT WAS UNDERLYING		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE	CATH	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	CIT ON TOWN	STATE
	220.1 certify that (I) (this hasp	pital) attended the deceased from_	3 -10- 1922		19.2. 1 that (I) (we) last
	saw the deceased alive a	in 3 - 19 S	8.2 ond that in (my) (aur) apinion	death occurred on the date and have	and from the causes stated
	226. SIGNATURE	on view the bady after death.	DEGREE		224. DATE SIGNED
7	90	no list	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	3-11-82
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	In. ADDRESS - 4:		E, Adelphi M.D 20783
	Jeffitey Kelma	bandua. you	6525 Beldres		We1/Ma/1/20/482
23 o	SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
		3/16/82 HA	RMONY MEH. PARK	HIGHLAND PAR	K. P. GAN MO.
24 FI	JNERAL DIRECTOR	d above.	254 PA	DREG D BY REGISTRAR HE GIST	TO SHOULD HAVE CO.
H	S. WASHINGTON	N & SONS 4925 BU	IRROBANS AVENE	" T 0 1307	0

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and completely filled in by the fushbuld be detached for use as the buriol-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior ta buriol, cremotion, or remaval.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumotic event, the medical examiner must be notified.

DHMH - 16 50M 1/81 (VRA 15, 4)

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11. S. Walingarder C. V. Samer 1125 Boundary W. W. W. L. 128. E.

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STATE OF MARYLAND

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MARYLAND 21201	
BALTIMORE,	
PRESTON ST.,	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hayra retained by the haspital or attending physician.

BP. DHMH - 16 60M 7/7 (VR A 15 (4))

ge 4 may be

1	DECEASED NAM	FIRST	MIDDLE		LAST	REG. N	MONTH DAY YEA	R 2b HC
	(TYPE OR PRINT)	Femal	e	Mor	ris	3/	10/82	2.
3.	SEX	4.	RACE	5. DATE (6. AGE (IN YEARS LAST BIR		EAR IF UND
	Femal	e-	Black	3	10 82		YRS	
>0	COUNTRY)		CITIZEN OF WHAT CO	MARRIE WIDOWE	D NEVER MARRIED	9-BALTIMORE CITY C	COUNTY OF DEATH	1
4 10	Marylan Charge		(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KIN DE WORKING LIFE) INDUST	D OF BUSIN
1 V	Chever1		Prince Geo. THER INSTITUTION, GIVE RESIDER	Gen. Hos	pital	<u> </u>		
3	Md.	P.G.	Y 113c. CITY (ortown r Marlbo	13d INSIDE CITY LIMITS?	13. SIREET ADDRESS 12326 Ches	sterton Dr	. 20
0	FATHER'S NAME FIRST Unkn	MIC	DDLE	LAST	15. MOTHER'S MAIDEN NA FIRST Jennifer	WIDDLE		LAST
/ 16	WAS DECEASE	D EVER IN U.S. ARMI		AL SECURITY NO.	17 INFORMANT	ADDR	ESS	
								ROXIMATE INT
	PART 2. OTHI		NDITIONS CONTRIBUTE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	
7 1		√	The Condition on	×	TO WASTERIOR MED	YES NO	IN CERTIFYING CAU	
-	On COLUMNIA	WAS UNDERLYING CONTROL CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	21c. HOW INJURY OCCUR			
Look B	21d. INJURY C	CCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	VN COUNTY	
9	WHILE AT WORK	NOT WHILE	1					
Look B	220.1 certify	that (I) (this haspital	ottended the deceased	19 52	nd that in (my) (our) apinian	, to	ote and hour and from	the causes s
Look B	220.1 certify	that (I) (this haspital deceased alive an (we) (did) (did nat)		19 <u>52</u> , or	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN D	death accurred on the death	pte and haur and from 221. DA	the causes s
Look B	22a. I certify sow the obove, (I' 22b. SIGNATU	ALWORK that (I) (this haspital deceased alive an (we) (did) (did nat) RE OUN S N'S NAME (TYPE OR PI	3/10/ view the body ofter depth	19 <u>52</u> , or	DEGREE ATTENDING	death accurred on the di	pte and haur and from 221. DA	the causes s
7	22a.t certify sow the above, (I 22b. SIGNATL	into (I) (this haspital deceased alive an	iew the body ofter death	19 <u>\$ 2</u> , or	DEGREE ATTENDING PHYSICIAN D	death accurred on the death	pte and haur and from 221. DA	that (1)

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	CTATE OF MARYLAN
	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND M
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	FOR 1 - STATE	DEPARTMENT OF HI	E OF MARTLAND EALTH AND MENTAL HYG R'S CERTIFICATE OF L	0 4	7 8 8 1			
	REGISTRAR 1. DECEASED NAME PIRST (1YPE OR PRINT) Paul	Edward	Morris	KEO. 140.	NTH DAY YEAR 25 HOU			
	Make White 5	ATE OF BIRTH NTH DAY STAR LAST BIRTHDAY) STAR AGE (IN YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MI	PRONOUNCED 3 -	3 10 82 /130			
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.		MARRIED NEVER MARRIED WIDOWED DIVORCED		eovges M			
C	Suttond 4	AAME OF HOSPITAL, NURSING HOME, IF NOT IN SUCH FACILITY GIVES TREET AGORES AND	OR OTHER INSTITUTION 120	USUAL OCCUPATION (TYPE OF WILL FOR MOST OF WORKING LIFE) Painter	OR INDUSTRY			
5	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER 136, STATE 136 COUNTY PG	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 CITY OR TOWN Silver Hi	11 T3d. INSIDE CITY LIMITS? 13e	STREET ADDRESS 4237 Silver H	Hill Road			
0	14. FATHER'S NAME FIRST George	Morris	15. MOTHER'S MAIDEN N FIRST Pearl	MIDDLE	Combs			
	160. WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR 1949-1	P DATES)			Forestville, rey Dr., Md.			
	18 CAUSE OF DEATH (Enter anly ane PART I DEATH WAS CAUSED BY: IMMEDIATE CAL Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	COUSE PET JE FOR (a), (b), and (c), USE CHARLES PELLIN DUE TO, OR AS A CONSEQUENCE OF (c)		sulles berea	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
2	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 1 P.M. 19	21c. HOW INJURY OCCURRED (E	NTER NATURE OF HUURY IN ITEM 18 PART 1	YES NO 🗷			
	UNDERLYING OR ONE OWN RIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	220. I certify that I taak charge of the	he remains described abave, held an	Autapsy , Inspection de	Inquiry , and in m	ny apinian			

ugus N Ponyus

TITLE (SPECIFY)

MEDICAL EXAMINER

3-3-82 DATE SIGNED

EXAMINER'S NAME Augusto 230.BURIAL, CREMATION, REMOVAL Burial

Rodriguez.

P.

234. NAME OF CEMETERY OR CREMATORY

ADDRESS 5009 Rayburn Court, Temple Hills, Md.

DHMH-17 (VR A15 ME (5) 15M 2/80

3-5-82 E

Md. Veterans Cem. 4308

Cheltenham, PG, Maryland rance

Suitland 250 DATE REC'D BY REGISTRAR Nd. MAR 8 1982 24 FUNERAL DIRECTOR Robt Wilhelm Rd., 1982 Suitland, Md. Funeral Home

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executed within 24 haurs after death. Page 4 may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE	GISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	SED NAME	FIRST	MIDDLE	ı	AST		MONTH DAY	YEAR	2b, HOUR
TYPE OR P	RINT)	Eugene	R	MO	rz	March 27,	1982		6:25p M
3. SEX	ALE		CAUCASIAN	S DATE O	PERTH YEAR 1931	6 AGE (IN YEARS LAST BIR	RTHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. BIRTH	PLACE (STA	TE OR FOREIGN	\mathcal{USA}	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF		DEATH PEGE	MD.
LAT	cham		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: DOCTORS +	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT TROCIUCS		126. KIND O INDUSTRY	AMARKS
ML)	13b COUN	OTHER INSTITUTION GIVE RESIDENCE TY 13 CITY OR		13d. INSIDE CITY LIMITS? YES NO 🗌	130 STREET ADDRESS	odbee	ey (54.
25	R'S NAME FIRST	ME	ele mo	12	15. MOTHER'S MAIDEN NA	(VM)		SA/52	huey
	O OR UNKNOW		AED FORCES? 166 SOCIAL WAR OR DATES) 578-	38-2791	DOLOTHY M	Potz (341		#13	IMATE INTERVAL ONSET AND DEATH
Co	239 anditions, if ave rise to	any, which immediate stating the cause last.			TIMOR			(C) 1	icul
	RT 2 OTHER		ONDITIONS CONTRIBUTING			20a. AUTOPSY?	206 IF YES, W	ERE FINDIN	NGS USED OF DEATH?
CALC	CONTRIBUTING	AS UNDERLYING CONTROL	P.M. 21e. PLACE OF INJURY	19	21c. HOW INJURY OCCURS	YES NO		OR PART 2)	NO
22a	I certify the	ceased alive on we) (did) (did not)	inthome street, FACTORY, OF	am	, 19, 19, 19	, ta3 [2	19_ ate and haur an	82.	that (we) last causes stated
K	0010	S NAME (TYPE OF	0 1	ey	PHYSICIAN L	Below 123d LOCATION SITY OF TOWN	D RE)	STATE
BE 24 FUNER LOUIS	RAL DIRECTO NAME L'GRA	or nt Land	am F.H. 90B	Foet A	7. CANLON	Besitus E RECD. BY REGISTRAR 2. 1982	0001	S.A.	MS TATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in by the furshauld be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

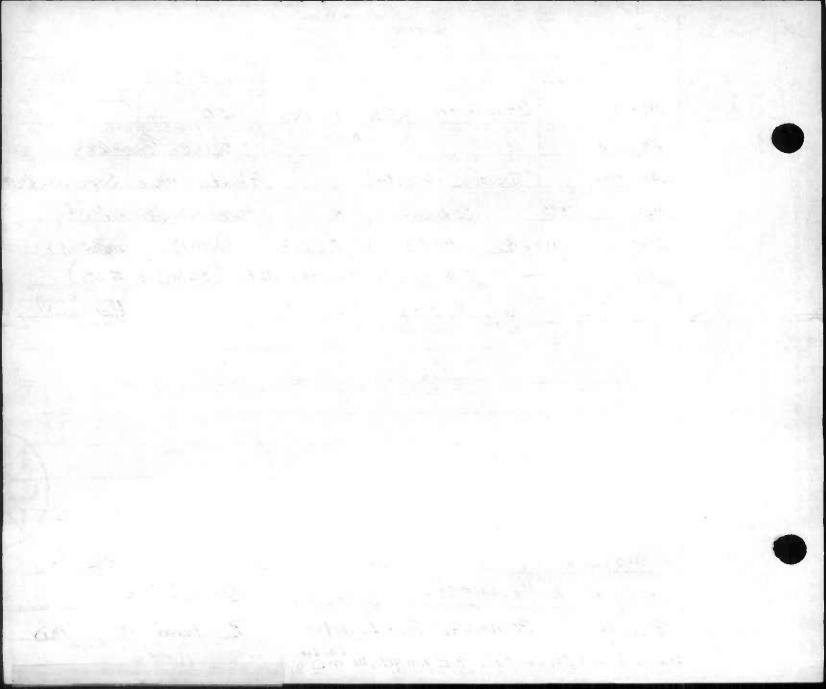
OR ATTENDING PHYSICIAN. The law requires that the death certificate be

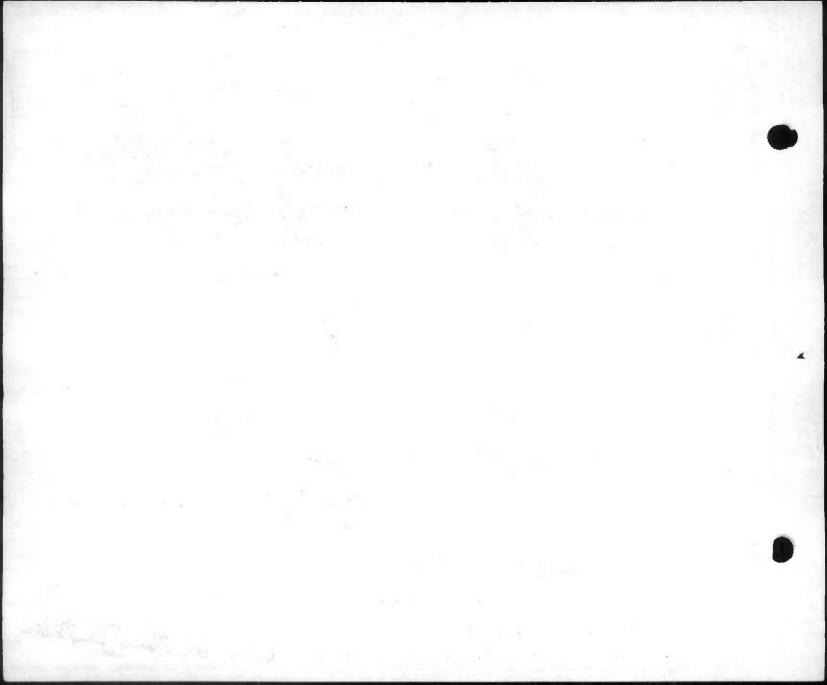
retained by the haspital ar attending physician

injury, or other troumatic event, the medical examination

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

Louis L'Erant Landam F.H. 90Bannapolis Rd





within 24 hours ofter

executed

the death certificate be

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	U	1	4	0	26.0
DEC NO					

REGI	ISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
I. DECEASE		FIRST	,	MIDOFE	ı	AST	20 DATE OF DEATH	_	DAY YEAR	2b. HOUR
(TYPE OR PRIN	,	lwin	C		NOTT	INGHAM	March	23	1982	6:59 p
3 SEX			4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST E	RTHDAY)	IF UNDER 1 YEAR	
Ma	le		Whi	te	Jan.	4 4 4 4 4 4 4	1 6	55 YRS	MONTHS DAYS	HOURS MIN
	ACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	JTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	7 1110		
Va.)		U.S.A		WIDOWE		Prince	Geor	ge¹s	N
	TOWN OF DEA	TH	11. NAME OF	HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIND	OF BUSINESS O
Rive	erdale		Leland	Memo	orial Ho	ospital	Ret. Cle			Expres
SUAL RES 130 STATE Md		13h COUN		GIVE RESIDENCE 13c. CITY OR Hy		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	S		
14 FATHER"	FIRST		NIDDIE	LAS		15 MOTHER'S MAIDEN NA	ME MIDDLE		G 77	AST
	Ellis			tting		Sarah	ADD	RESS 60	Colli	
	ECEASED EVER OR UNKNOWN)		WAR OR OATES)		SECURITY NO.	Frances M			000-42n	d Ave.
18 CA	AUSE OF DEATI ART I. DEATH W	H (Enter onl	y ane cause per	line far (a), (b), and (c.D.I				APPRO	XIMATE INTERVAL
PA	ART I. DEATH W	AS CAUSEL	Ó BY: E CAUSE (a)	Cardia	ac arres	t, secondary	to arrhyth	nia	Sudo	
gave caus unde	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION 190. D.	ATE OF OPERAT	ION	19b. COND	ITION FOR W	/HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND TIFYING CAUSE YES	
OR CO	ACCIDENT WAS UND ONTRIBUTING C THER, NOTIFY MEDICA	AUSE OF DEA	21b. TIME O HOUR A. P.	M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM)	B, PART 1 OR PART 2)	
WHILL AT WO	NJURY OCCURE	HILE 🗔	21e. PLACE ((AT HOME, STE		OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
50	certify that (1) aw the decease abave, (1) (we) (c	ed alive an	17 Marc	ch	0.0	arch , 19 <u>73</u> Indication (my) (dur) opinion Medical ex		March		, that (I) (we) lo e couses stated
22b. S	IGNATURE _	arl	1.110	run	Leun	DEGREE ATTENDING _		AFF _	22c. DAT	esigned March 19
22d. P	HYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS				
	Can	rl J.	Houmann	n, M. I		4404 Queensb		iverd	ale, Md	20737
23a. BURIAL (SPECIFY)	, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTA	STATE
Bur	ial		3-26-	82	Ft. Lin	ncoln Cem.	Brentwe	ood 1	r. Geo.	Md.

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

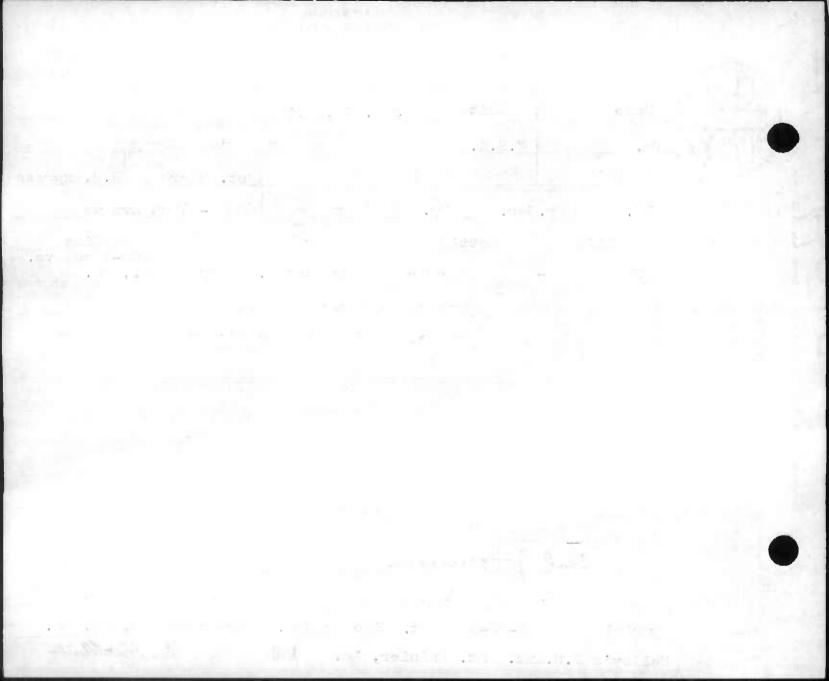
injury, or other troumatic event, the medical

IMPORTANT; If Item 21 is morked or Item 18 shows any

24 FÜNERAL DIRECTOR
NAME
Nalley's Mt. Rainier, Md. F.H. Inc.

MAR 2 9 1982

REGISTRO'S SIGN URE



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death. Page 4 may be

campletely filled in by the funeral director. and 2 should be filed with 1172 FOR - STATE

REGISTRAR

STATE OF MARYLAND

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Es	U		()
REG. NO.			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CEASED NAME F	IRST	MIDDLE	LAST	20	a. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	Elsie	T.	0,1]	Bryhim		3-27-82		8:30a м	
3. SE	X	4 RACE		ATE OF BIRTH	6		IF UNDER 1 YEAR		
	Female	Caucasi		ug. 22 189	6	85 YRS	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OF FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVER MARRIED	- 0	BALTIMORE CITY OR COUNTY	OF DEATH		
	rginia	U.S.A		OWED TO DIVORCED	-	Prince Georges		MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF		ME OR OTHER INSTITUTION		O USUAL OCCUPATION		OF BUSINESS OR	
	Contor		rn Maryland			TYPE OF WORK FOR MOST OF WORKING LIFE Clerk - Retired		spaper	
	AL RESIDENCE (IF NURSING		GIVE RESIDENCE BEFORE ADMIS	SION)				7	
	101	r. George	Camp Spring	13d. INSIDE CITY LIMIT	15?	7203 Buchanan	Road		
_	ATHER'S NAME			15. MOTHER'S MAIDEN					
	Hillary	MIDDLE E	Wilber	Marga	ret	MIDDLE	Mou	nie	
	WAS DECEASED EVER IN		16b. SOCIAL SECURITY N			720 3 Buchana	n Rd.		
	NO NO OR UNKNOWN) (1	IF YES, GIVE WAR OR DATES)	578-22-302	l Elizabeth	Jack	son Camp Sprin	gs, Md		
	18 CAUSE OF DEATH IS	enter only one couse per	line for (a), (b- and (c))	/ -	t			ONSET AND DEATH	
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Kesh	iratory 7	au	lure	48	Krs.	
	4360	DUE TO, O	R AS A CONSEQUENCE	OF 4			1	~ (
	Conditions, if ony, which (b) Albo static Melling Ma							Tags.	
	gove rise to immediate couse (a), stating the DUE TO, OR AS CONSEQUENCE OF 14. 64 / 6							1.	
	couse (a), storing the underlying couse lost DUE TO, OR AS POSSOUENCE OF STEM STrake i Coma. 10 days.							cays.	
7	PART 2. OTHER FIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINA	AL DISEASE OR CONDITION GIVE	EN IN PARTH	0 10	
CERTIFICATION	TUP	o fly ro	4/5m,	CAYMIL C	more	estive Hear	1 Fal	'Mre	
ICA	THE DATE OF CHEST HO	COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	/		, WERE FINDS		
RTE	None					YES NO YES		NO 🗌	
	21g. ACCIDENT WAS UNDERLY	110110		EAR VIN MA		(ENTER NATURE OF INJURY IN ITEM 18 P	ART OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.		19					
MED	21d INJURY OCCURRED	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ET	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
	AT WORK AT WORK				71	2/20	77		
	22a.l certify that (I) (the saw the deceased a	7/		19/	0	, to 2/2/	19	that (I) (we) last	
	obove, (I) (ye) (da)	(did not) view the body	ofterdeoth.		oinion deo	oth occurred on the date and hour			
	226. SIGNATURE	1/1/	Park - a	DEGREE ATTENDIN	NG A	MEDICAL STAFF	22c. DATE	SIGNED	
	22d. PHYSICIAN'S NAME	MA Colo	wisey,	PHYSICIA	AN D	DIRECTOR PHYSICIAN	1/2	1/84	
	PISCIARSINAME	A Falson	mn	22e ADDRESS	1	1. 11/1.	Ft.	Wash, In	
	1 charv	11.14/301	1,111.	8701200	Vani	head Highway	20	1744.	
	BURIAL, CREMATION, REA			OF CEMETERY OR CREMATO		Suitland Pr	countr	MA STATE	
	Burial	3/30/8	2 Cedar	Hill Cemeter	СУ	bultland Pr	Geo.	Md.	

6160 Oxon Hill Rd.

250 DATE REC'D. BY REGISTRAR 150 S GETTLAR THE STATE OF T

George P. Kalas Funeral Home Oxon Hill, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

I.O. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or remaval.

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OR ATTENDING

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injury, or ather traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

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tor. page 3 after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO			Total Control		-

BIRTHPLACE ISTATE OR FOREIGN COUNTRY ATYLAND CITY OR TOWN OF DEATH CHEVERLY UAL RESIDENCE IF NURSING HOME OR OTHER ISSTATE ATYLAND FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY: IMMEDIATE CAU Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDI	U.S.A. NAME OF HOSPITAL, N F NOT IN SUCH FACILITY, GIVE LINCE GEORG INSTITUTION GIVE RESIDENCE D. COLLE Oppen FORCES? 166 SOCIAL DR DATES) LAS OPPEN COUSE (a) CAUSE (a) USE (a) USE (a) ON AS A CON-	S. DATE C. MONTH PORT INTRY? 8. MARRIEL WIDOWE CE STREET ADDRESS! CET'S GENE E BEFORE ADMISSION) R TOWN PORT IN SECURITY NO. 14-7100 (b) and (c).	DAY 20, 1923 DI NEVER MARRIED DI DIVORCED SE OTHER INSTITUTION RAL HOSPITAL 134 INSIDE CITY LIMITS? YES NO DISTINATION NA FIRST Sophie 17. INFORMANT	9 BALTIMORE CITY OR COUL PRINCE GEORG 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN V.P. & G.M. 13e. STREET ADDRESS 6100 West Che	RET PART Baer mapolis John Re	, Md.
BRITHPLACE ISTATE OR FOREIGN BIRTHPLACE ISTATE OR FOREIGN COUNTRY ATYLAND CHEVERLY UAL RESIDENCE IF NURSING HOME OR OTHER ISTATE AND COUNTY ATYLAND PACT 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONDITIONS IR CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS IMMEDIATE CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS IMMEDIATE CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS IMMEDIATE CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS IMMEDIATE CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS PART 2. OTHER 2. OTHER PART CONDITIONS PART 2. OTHER 2. OT	LAS CONDUCTO, OR AS A CONDUCTOR AS A CONDUCTOR.	S. DATE C MONTH Febru NTRY? 8 MARRIEI WIDOWE SURSING HOME C ESTREET ADDRESS) ES GENE E BEFORE ADMISSION) POR PARK ST DEIMET L SECURITY NO. 14-7100 (b) and (c). SEQUENCE OF	DE BIRTH DAY 20, 1923 D NEVER MARRIED D DIVORCED OR OTHER INSTITUTION RAL HOSPITAL 134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST Sophie 17. INFORMANT	9 BALTIMORE CITY OR COUL PRINCE GEORG 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN V.P. & G.M. 130 STREET ADDRESS 6100 West Che ADDRESS A	NTY OF DEATH GE'S NITY OF	MINDER 24 HRS MIN. MINDER 8US IN ESS OR MENT CO.
MALE BIRTHPLACE ISTATE OR FOREIGN COUNTRY ATYLAND CITY OR TOWN OF DEATH CHEVERLY UAL RESIDENCE IF NURSING HOME OR OTHER STATE ATYLAND FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) YES W.W.II 18 CAUSE OF DEATH (Enter only one PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAU Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDI	U.S.A. NAME OF HOSPITAL, N F NOT IN SUCH FACILITY, GIVE LINCE GEORG INSTITUTION GIVE RESIDENCE D. COLLE Oppen FORCES? 166 SOCIAL DR DATES) LAS OPPEN COUSE (a) CAUSE (a) USE (a) USE (a) ON AS A CON-	MONTH FEDRE MARRIEI WIDOWE SURSING HOME OF STREET ADDRESS! E'S GENE BEFORE ADMISSION) R TOWN DEEL TOWN COMMON TOWN ACTUAL TOWN COMMON TOWN	DAY 20, 1923 DI NEVER MARRIED DI DIVORCED SE OTHER INSTITUTION RAL HOSPITAL 134 INSIDE CITY LIMITS? YES NO DISTINATION NA FIRST Sophie 17. INFORMANT	9 BALTIMORE CITY OR COUL PRINCE GEORG 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN V.P. & G.M. 13e STREET ADDRESS 6100 West Che ADDRESS ADDRESS	MONTHS DATS NTY OF DEATH GE'S 126. KIND O INDUSTRY Equipm ester Parl Baer nnapolis John Ro	MID F BUSINESS OF MENT CO.
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Chordono 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21	OUE TO, OR AS A CONS (c) ASP PO ITIONS CONTRIBUTION PL 9 Au 96. CONDITION FOR W	GIODEATH BUT Sella,	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF		NGS USED
21a, ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ib. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
21d. INJURY OCCURRED 21	Te. PLACE OF INJURY AT HOME, STREET, FACTORY, O		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.l certify that (1) (this haspital) at sow the deceased alive an above, (1) (we) (did) (did nat) view	3 19		nd that in (my) (aur) apinion	death occurred on the date and		that (I) (we) la causes stated
226 SIGNATURE	wold	199		MEDICAL STAFF DIRECTOR PHYSICIAN	3/9	182
722d. PHYSICIAN'S NAME ITYPE OR PRINT!		D,		REENBELT COLLEC	GE PARK,	MD. 208
BURIAL, CREMATION, REMOVAL 23b.	DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	arch/10/82	Cedar H	Hill Cremator		0001111	Marylan
FUNERAL DIRECTOR			25a. D.A.	TE REC'D. BY REGISTRAR 11 P. O.		Blesco-

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, at other traum

TO FUNERAL DIRECTOR: After this certificate hos been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burian.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requir retained by the hospital or ottending physicion.

> 24. FUNERAL DIRECTOR Chambers Funeral Home

Riverdale, Maryland

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ATTENDING PHYSICIAN: The law

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

	1 -	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.				
		ORPRINT) ERNEST	INE	MIDDLE .	ORG.	ANT		March	13	1982	4:45 A		
	3 SE)	Female	4 RACE Whi	te	S DATE C		1911	6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS		
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) Vest Virginia		WHAT COUNTRY?	MARRIE WIDOWE	D NEVERA	AARRIED	rrince Georges					
0		ty or town of DEATH	11. NAME OF	HOSPITAL, NURSIN HEAGILITY, GIVESTREET, R1888 R	ING HOME OR OTHER INSTITUTION (TYPE)			17e USUAL OCCUP			Home		
1	13a S	AL RESIDENCE (IF NURSING HOME OR ITALE II) COUN	ITY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Adelph	N	134 INSIDE C	ITY LIMITS?	13. STREET ADDRES 9225-R		Road			
Ö	14 FA		Newman	LAST			MAIDEN NA/	Nor	8.	Pali	ner		
		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKHOWN) (IF YES, GIVE	MED FORCES? (WAR OR DATES)	170-30-		Alic	ia B.		9225 Ade 1	-Riggs	Road		
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE	ercel (ce D	ystoe elviel	le Osio					
	NON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	YES, WERE FINDI TIFYING CAUSES YES [
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF H	JURY IN ITEM 18	8, PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	М	CITY OR	IOWN	COUNTY	STATE		
		220.1 certify that (I) (this hospic saw the deceased alive on above, (I) (we) (dul) (did no		26 19 3	920,0		(eur) opinion (death occurred on the					
		276. SIGNATURE 2. Rug	Bolly	Albert .	PRRO	un 1		MEDICAL S	TAFF SICIAN 🗌	3. DATE	13 42		
1		224. PHYSICIAN'S NAME (TYPE	12016	Veirsmill R	Road	27e ADDRES	89	00 A04	Pel 10	des K	20l.		

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INTECTION. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

DHMH-16 25M (VRA 15, 4) 1/79

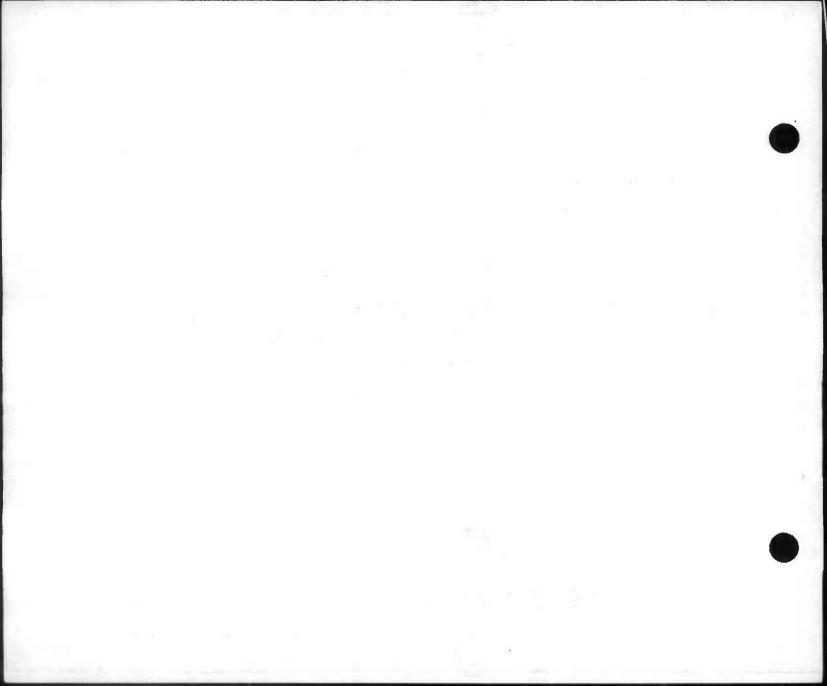
3-17-82 230. BURIAL, CREMATION, REMOVAL (SPECIAL) 14 FUNERAL DIRECTOR
Hines / Rinaldi F.H. Inc.

Sylvan Heights ADDRESS 11800-N.H.Avers DATE REC'D BY REGISTAL MAR 18 1982

Uniontown

machinalina mining mariga SB-

	1 -	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND IF HEALTH AND MENTAL HYG FIFICATE OF DEATH	IENE B 2.	0 7 3	3 3
		EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON		HOUR
20		Catherine		Shnack	AGE (IN YEARS LAST BIRTHDAY		DER 24 HRS
1)	SEX	Female		TE OF BIRTH 1. 20 DAY YEAR 1. 20 JAN	91	MONTHS DAYS HOU	
270	. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	BALTIMORE CITY OR C		
		ennsylvania	USA wibc	WED DIVORCED	Prince Ge	eorges	MD.
# 70 C	1/2	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinton Convale	scent Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	12b. KIND OF BUS	SINESSOR
33	SUA 30. S1	L RESIDENCE (IF HURSING HOME OR INTERPRETATE 136 COUNTY PG	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINTY 134. CITY OR TOWN Ft. Wash.	13d. INSIDE CITY LIMITS? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	13. STREET ADDRESS 7705 Loudo	on Drive	
E IA	.FA	HER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE	LAST	
800		oseph	Kaszuba	Mary		Michalska	
medica		AS DECEASED EVER IN U.S. AR IS, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? (A) SOCIAL SECURITY DE WAR OR DATES)	James Szwe	ADDRESS d, Grandso		Above
or ather traumatic event, th		PART (. DEATH WAS CAUSE	IN one cause per line lar (a), (b), and (c) of D BY. FE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c)	breat of	ne II	APPROXIMATE BETWEEN ONSE!	AND DEATH
prior to burio		PART 2 OTHER SIGNIFICANT O	Schan ming to DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART 1(0)	
8 shows any injur	IIFICAL	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 20	D. IF YES, WERE FINDINGS L N CERTIFYING CAUSES OF D YES \(\)	JSED EATH?
-		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YE		ED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	
orked or flem	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
m 21 is mo	ı	saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased from	, and that in (my) (aur) apinian c	, to death accurred on the date o	and haur and from the cause	
TANT: If he			men M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27L DATE SIGN	
IMPORTANT: IF		MOSSOUD	NEMAT!	22e ADDRESS	Nursing Ho	me. Clinton	. Md.
≥ ≥ 23	a Bl	JRIAL, CREMATION, REMOVAL	236. DATE 23c. NAME C	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
_ L	·	Burial	3-22-82 Wash.	Natl. Cem.	Suitland.	P.G. Mary	
20M 1) 7/78	Fu	neral Director Robt 1	E Wilhelm ADDRESS 4308 Rd., Suitland,	Sultland	REC'D. BY REGISTRAR 236.	REGISTRAR'S SIGNATURE	la



executed within 24 has

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerial should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 maint the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	60		U	1	1.3	4	0
	REG. N	10.					
TE OF	DEATH	MONTH	DA	(Y	YEAR	2b	HOUR

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D. **		450		
	CEASED NAME	FIRST	N	MIDDLE	L	AST	20. DATE OF	DEATH	HTMOM	DAY	YEAR	26 HOL	JR P
(TYPE	OR PRINT)	MARY		E		OURSLER			03	18	82	7:2	0 м
3. SE	x Female	4.	White		5 DATE C	. 22, 1.895 YEAR	6 AGE (IN YE	ARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS	MIN.
B C	RTHPLACE ISTATE OR F	OREIGN 7b.	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMO PRINC	RECITY O				Y	MD.
100	CHEVERLY	100	(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET A CARE CEN	(DDRESS)	R OTHER INSTITUTION	TYPE OF WORK			LIFE) IND	KIND O DUSTRY home	F BUSINI	ESS OR
USU. 13a S	AL RESIDENCE (IF NUR STATE Md	TIP COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Jessup		13d. INSIDE CITY LIMITS? YES NO [13e. STREET / 2850	Jess	up R	oad			
14. F <i>A</i>	ATHER'S NAME FIRST Not	ley MD	Her.	ley LAST		Alice Jack		WIDDLE			LAST	ī	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE WA	D FORCES? AR OR DATES 1.3	74 4734	RITY NO.	17. INFORMANT Gerald Ours	ler 59	ADDRE 54 01		sh. E	Rd E	lkri	dge
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										4	day	DEATH.
z	PART 2. OTHER SIG	NIFICANT CO	NDITIONS <u>CC</u>	- A	-	NOT RELATED TO THE TERM	-					3	
CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI			TION WAS PERFORMED 200. AUTOPSY? YES NO YES NO YES YES NO					WERE FINDINGS USED ING CAUSES OF DEATH?		
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJUR	Y IN ITEM 18	B, PART 1 OR	PART 2)		
MED	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	HILE [21e. PLACE ((AT HOME, STRI	OF INJURY SET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET		CITY OR TOW	N	cou	NTY	\$1	TATE
	220. I certify that (I) saw the deceas above, (I) (we) (ed alive an		3/17/19 8		d that in (my) (Aur) apinian	death accurre	d an the da		19 8		that (I) (v	
	22b. SIGNATURE	W	Au	now_		MO ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN []	22	3 //	SIGNED	32
	22d PHYSICIAN'S N. A 2-H	,		SSAIN		4917, ED Cr	E WOO	DR	OAD	Col	LECT	E PA	RK

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

DHMH - 16 60M 7/73 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Buria1

231 NAME OF CEMETERY OR CREMATORY

STATE

March 22, 1982 Westminster Cem 24. FUNERAL DIRECTOR "Donaldson Funeral Home, "Laurel, Md

73d LOCATION
CITY OR TOWN
Westminster, Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Language and the second of the

Company of the compan

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO HOSPITAL

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	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE BEG. NO	0 7 8	90
			nes (MIDDLE	OVE	erend	20 DATE OF DEATH 6. AGE (IN YEARS LAST BIR"	3-13-82	T A M
) by		Female IRTHPLACE (STATE OR FOREIGH COUNTRY)		WHAT COUNTRY?	8 MARRIEI	- 1903	-	YRS DATS HOU	RS MIN.
Section of the sectio		Maryland ITY OR TOWN OF DEATH Linton		OSPITAL, NURSIN H FACILITY, GIVE STREET		PROTHER INSTITUTION	Prince 126 USUAL OCCUPATION (129E OF WORK FOR MOST OF BOOKKeeper	120 1111 01 00	MD. SINESS OR
ne must be	130 5				N	13d. INSIDE CITY LIMITS? YES NO 1	136 STREET ADDRESS 2900 St.	Clair Dr.	
No pu		Joseph	C.	Brannar	1	Mary	MDDLE .	Tice	
e medical		NAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 578075	394A	Mary T. Stor	ae 442 Popl	.ar Court <u>Valdorf, Maryla</u>	
ar other traumatic event,		Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause los	AUSED BY: EDIATE CAUSE (a) DUE TO, OF the tee a DUE TO, OF to tee (b) DUE TO, OF	RAS A CONSEQUE	LALLA NCE OF	Falure	u	APPROXIMATE BETWEEN ONSET M. Greet Monule	Les L
Yuniui kua swa 2	CERTIFICATION	PART 2. OTHER SIGNIFICA	Arter	Hese	010	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO M	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D	JSED EATH?
d or Item 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE! (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH AMINER) P./ 21e. PLACE ((AT HOME STR	m. month da m.	19	216. HOW INJURY OCCURI 216. LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
NT: If them 21 is morked	N	WHILE NOT WHILE AT WORK 220. I certify that (this saw the deceased all obove, (we) (decreased 22b. SIGNATURE	hospital) attended the	deceased from_	(2, an	3// 19-8	2, to3/	19 that the and hour and fram the cause 22c. DATE SIGN	(we) last
IMPORTANT: #	23 o . 8		Khoury, M.	b	IAME OF CE	Southern Man	ryland Hospi	Md.	inton.

P. Kalas Funeral Home 6160 Oxon Hill Rd., Oxon Hill Md.

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR George

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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FOR - STATE

STATE OF MARYLAND 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR						REG	. NO.			
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR	
	He	nry		1.	Pay		March			6:11 ^A	M
3 SEX	X	4.	RACE		5. DATE O		6. AGE (IN YEARS LAS	BIRTHDAY	MONTHS DAYS	HOURS MIN	_
	Male		Whit		Dec		78	YRS.		HOURS MIN	
70. BI	RTHPLACE (STATE OF FI	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
I	dississip	pi	US.	A	WIDOWE		Prince	Geor	ge's	M	D.
10 CI	TY OR TOWN OF DEA	TH 1				R OTHER INSTITUTION	12a USUAL OCCUP	ATION	12b. KIND O	F BUSINESS O	R
	Clinton		South		yland	d Hospital	Machin		Ret.)		
13a S	AL RESIDENCE (IF NURSI	13b COUNT		13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	ss			R
	Md.		PG	Suitlar		YES NO	4223 Si		Hill R	d., #A	1
14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NAM	ΛE				-
7	Alvin	MI	DDLE	Pavne		Mary	MIDDLE		Roach	1	
lán V	VAS DECEASED EVER	N U.S. ARM		16b SOCIAL SECUR	RITY NO.	17 INFORMANT	AD	DRESS	Roacii	Abov	70
1	YES NO OR UNKNOWN)			412-01-9			. Payne,	Wife	, Same		-
	18 CAUSE OF DEATH	1 Enter anly	one cause per	line for (a), (b), and	lice				APPROXI 8FTW/FFN/	MATE INTERVAL ONSET AND DEATH	=
	PART I. DEATH W.	AS CAUSED	BY.	Acute M	yoca	rdial Infar	ction			ALIGET MIND DENTIL	
IMMEDIATE CAOSE (0)											_
	7100		DUE TO, OF	Corona T	NCE OF T	tery Diseas	e				
	Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF THE TY DISEASE										_
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.										
	(c)										
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	Choledokolithiasis; Gram Negative Sepsis(Coli)										
CA	190 DATE OF OPERATION 196 CONDITION FOR WHICH			TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	
TIE	COLUMN TO SERVICE STATE OF THE PARTY OF THE						YES NO YES YES			NO	
CER	21a. ACCIDENT WAS UND		21b. TIME OF			21c HOW INJURY OCCURRI	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) "				
AL	OR CONTRIBUTING C		HOUR A.A	M. MONTH DA	1 YEAR						
MEDICAL	21d INJURY OCCURR		21e. PLACE C		17	211 LOCATION					-
ME	WHILE NOT WHE	LE 🗍	LAT HOME, STRE	EET, FACTORY OFFICE FA	RM ETC }	STREET	CITY OF	RTOWN	COUNTY	STATE	
	AT WORK AT WOR				Marc	h 14 79	March	a 8th	82		_
	220.1 certify that (1) saw the decease	this hospital	March	th 10	82		, fa		19	that (I) (we) las	58
	obove (1) (we) (d	(did nat)	view the body	after death.	, on	d that in (my) (our) opinion d	leath accurred on the	e date and ha			
	22b. SIGNATURE	11.11	11/1/11	In	C	DEGREE			22c DATE		П
	1.8	WWIL	" Lypi			PHYSICIAN P	MEDICAL S DIRECTOR PHY	SICIAN -	3/8/	82	
	22d. PHYSICIAN'S NA	ME (THE ORP	RINT)			22e ADDRESS					-
	Victor	S. C	hupkov	rich, M. D	•	9131 Pisca	taway Ro	l.Clin	ton,Md	. •	
23a B	URIAL, CREMATION, F	REMOVAL	23b DATE	23¢ N.	AME OF CE	METERY OR CREMATORY	23d LOCATION				=
1	Burial	Dell'	3-11-	82 Was	sh. N	Natl. Cem.	Suitla	nd. P	G. M.	arvlan	7
24. FL		obt E			200 0	Suitland PATE	REC'D. BY REGISTR	AR 25 MGIS	TRACSSIGNAL	RET/s	
To the	uneral H	ODC E	MITII	CILL ADDRESS 4	3 800	MAI MAI	R 1 6 1982	han	u Jan!		
T	uneral H	OHE	Ra.	, Suitla	ind,	Md. I III/II	1 1 0 1007				-

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completing that in by the funes should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 7 should be filled either with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOURD TYPE OR PRINT! Earl 2,1982 Herbert PEACH March 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH Male March 21 pay 1895 White To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Illinois U.S.A. Prince George's WIDOWED IR CITY OR TOWN OF DEATH 12 UKIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctors' Hospital of Pr. Geo. Co. rinter Government Lanham JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Geo. 4004 32nd Street Rainier Maryland YEST NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Peach AnnaFIRST Weller George D. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES NO OR UNKNOWN) (Wife) Nellie G. Peach Saem as #13 54 9071A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for ioi, (b), and ic. PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC. HEART DISEASE Conditions, if ony, which gove rise to immediate couse to, storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [2 10 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 82 3/2/82

731 NAME OF CEMETERY OR CREMATORY

220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on March 2 19 82 above, (I) (we) (did) (did not) view tile body after death.

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

1226 DATE SIGNED

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

March 3, 198

Roger Bowman Ingham, M.D.

Hyattsville, Maryland

22d. PHYSICIAN'S NAME LITYPE OR PR

5701 85th Ave., New Carrollton, Md. 20784

Burial 3/6/82 Ft. Lincoln Cemetery
FrankeisreGasch's Sons Funeral Home, P.A. 250 DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Brentwood P. Guni Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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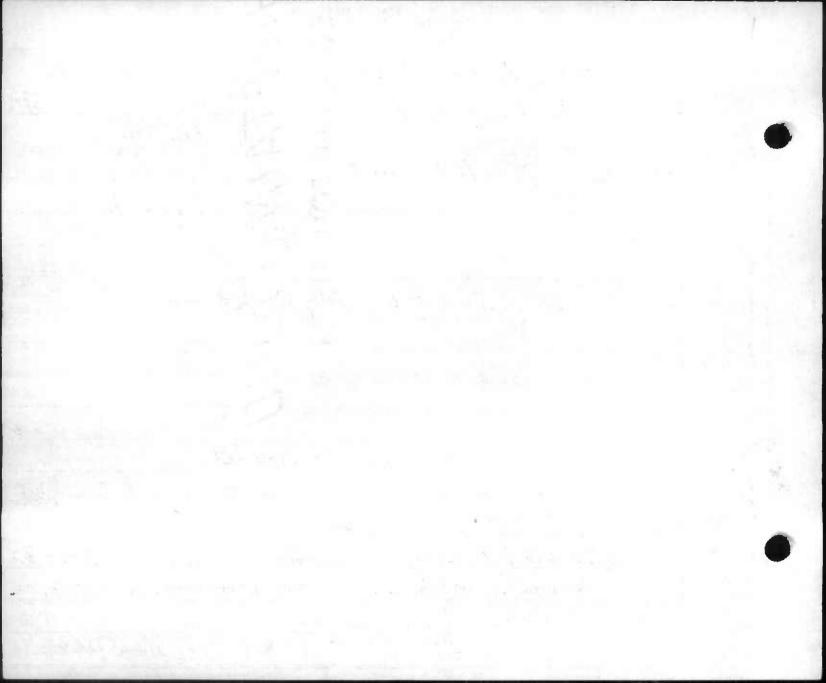
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the community and an apparent saving fateur

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STATE OF MARYLAND



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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death. Page 4 may be

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	2	0	7	3	9	2.

1	REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	10.				
	CEASED NAME FIRST	WIDDLE	Į.	LAST	26. DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	R
	ALFRE	D	PERK	INS		03	18	82	4:45	5 M
3 SE	ALFRED	5. DATE C		6. AGE LINYEARS LAST B	DER I YEAR					
	COUNTRY	4.5.19.	MARRIE	D NEVER MARRIED DIVORCED	PRINCE GEO		TY OF D			MD.
		PRINCE GEORGE	S "GENEI	RAL HOSPITAL	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST		SLIFE) IN	DUSTRY	Sout	
13a. S	Md. 13b. COUR	VITY 13t. GITY OR TO	NWC	13d INSIDE CITY LIMITS? YES NO 😿	130 STREET ADDRESS 8905 5/PM	Bro	len 1	Pun	Kwn	y
	Sterry Penkin	•		15. MOTHER'S MAIDEN NAM				LAS	ST	
	YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES		Alpho Chapus	ADD		won	+4 .	Ave.	N.E
	PART I. DEATH WAS CAUSE	D BY:	ond (cl.)	osalar Or	udent	148	F	BETWEEN	imate inter Onset and	VAL DEATH
		DUE TO, OR AS A CONSEC	OUENCE OF	2	E AA					
	couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	CE OF						
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION C	SIVEN IN	PART 10	ale	e
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CER			OF DEATH	H?
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 1	B PARTIO	R PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	NWC	C	OUNTY	ST	TATE
	saw the deceased alive an	ital) attended the deceased from		nd that in (my) (yur) apinian a	death accurred on the c	J.C. date and h	, 19_& our and		tha (I) w	'
	22b. SIGNATURE	The same of the sa	9	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		2	3//	SIGNED	2
	22d. PHYSICIAN'S NAME (TYPE O	DEITZ		LSZS BELCE	EST RD. H	447	SVIC	LE	и۵	L: 782

BP_

TO HOSPITAL

retained by the haspital ar attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

14 FUNERAL DIRECTOR

H.S. WASHINGTON & SONS 4925 BURKEUGH UNG. W

23 BURTAL,

CREMATION, REMOVAL 23b. DATE 3-23-82

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
LIPHE UVER ME

COUNTY STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

EMAR 2 6 1982

ALTERN BEOBREETS CONTAC

CHEVERLY PRINCE GEORGE'S GETTERAL HOSPITAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINTS Thaun Pham 1982 March 8:55a M SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female Asian 1890 March BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Vietnam Vietnam Prince George's County WIDOWEDX O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Riverdale Leland Memorial Homemaker Home JSUAL RESIDENCE (IF HIS HELD 13e. STREET ADDRESS Montgomery Bethesda larvland 6303 Marywood Road NO | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Not Available Pham Not Available 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 579-90-4981 Lam Quy Bui, Son, Same as item #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Chronic gave rise to immediate cause (o), stating the underlying cause last cancer with manive helise extensi PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. CERTIFICATION a procto enteritis Organic brain 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED buriol-transit perm f Mentol Hygiene p or ttem 18 shaws o IN CERTIFYING CAUSES OF DEATH? physicion NOXX NO [210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 20 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) Mix Man of the deceased from Feb March hospitol DIRECTOR sow the deceosed alive on march and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED should be detache ATTENDING MEDICAL FUNERAL March, 9,1982 PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 20783 Ton That Chieu. M.D. 7676 New Hampshire Ave, Langley Park, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE March 23c. NAME OF CEMETERY OR CREMATORY

Robert A. Pumphrey Funeral

Homes, P.A., Bethesda, Maryland

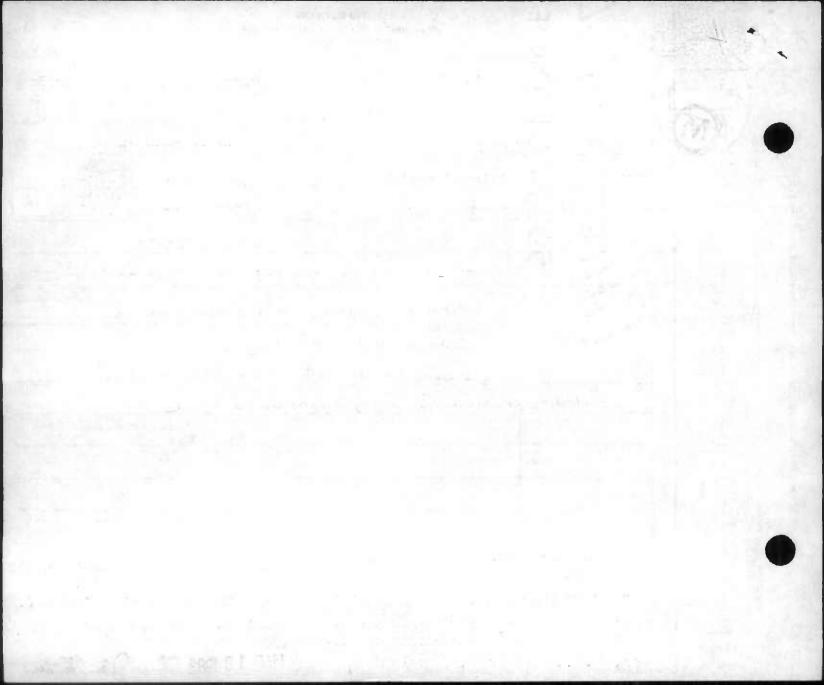
Gate of Heaven Cemetery, Silver Spring, MD.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

25a. DATE REC'D.

H502 BP._____ DHMH-16 50M 1/81 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAN IS NECESSARY, PLEA	execute the certificate, writing the word "pending" in Pencil in 1Tem 18. Give Pages 1, 2, and 3 to the plane disease	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN RAGE 5 FOR YOM THE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEYLLED, WITH ISSUED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEYLLED, WITH ISSUED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEYLLED.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WE PRESENTED	AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
DIVISIO	O MEDICAL EXAMINER: THIS CERT	XECUTE THE CERTIFICATE, WRITING	AGE 4 SHOULD BE FORWARDED 1	TO FUNERAL DIRECTOR: PAGE 3 SH	AFTER DEATH, WITH THE STATE DEPA	SALTIMORE, MARYLAND, 21201 PRIN

-						MARYLAND				
	FOR STATE					H AND MENTAL	13	2	0 / 3	7/
_	REGISTRAR		ME		AMINER'S	CERTIFICATE		REG. NO		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF	KNOWN K		YEAR 26. HO
		Eliz	abeth	L.	Pr	ince		H MATED	3 25 19	
3. SE)	4	RACE	S. DATE OF BIRTH			INDER I YR. IF UND	R 24 HRS. 2c. DA	INICED	MONTH DAY	YEAR 20 HC
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10. CI	TY OR TOWN O	FDEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME, OR O	THER INSTITUTION	12a. USUAL OCC		E OF WORK 126 KIND OR IN	OF BUSINESS
	Lanham		Doctor	ACILITY GIVE STREET HOSP	of P.G.	Co.		ESTIC		HOME
USUA 13a. S		FIN NU SHE DOME	OR OTHER INSTITUTION, C	13c. CITY OR		1134 INSIDE CITY LIMITS?	13e STREET ADD	RESS		
	D.C.		NONE	WASHI		YES NO			T. N.E.	
14. FA	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE	LAS1	,
5	SAM		7710000	FRAZIER		ROSA			GARVII	
16a. V	VAS DECEASED	EVER IN U.S. AL	RMED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS	5	
	NO	(8 125, 517		249-2	6-9810	MALACHI	PRINCE(IUSBAND) SAME AS	ITEM #
	18 CAUSE OF	DEATH (Enter o	nly one couse per lin	e for (o), (b), onc	(c).)					XMATE INTERVA
	PARTIDEA	TH WAS CAUS	ED BY: ATE CAUSE (o).	rterios	clerotic	cardiovas	cular dis	ease	5211122	
	429) IMMEDIA	ALL CHOSE (O)	R AS A CONSEQ						144.5
		if ony, which								
	couse (o) s	to immediat toting the <u>under</u>		R AS A CONSEQ	UENCE OF					
	lying couse	e lost.	(c)							
	PART 2 OTNER SIGN	HIFICANT CONDITION		BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN	PART 1 Ig			
Z										
F	19a. DATE OF C	PERATION	196. COND	ITION FOR WHI	CH OPERATION	WAS PERFORMED?			20 AUT	OPSY?
F									YES	0 NO [
1 8	210 EXTERNAL	and the same of th	216. TIME C			HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
ALA	UNDERLYING CONTRIBUTING	G CAUSE OF		M. MONTH DA'	Y YEAR					
MEDICAL CERTIFICATION	21d. INJURY O	CURRED	21e PLACE	OF INJURY (A		OCATION STREET				
×	AT WORK	NOT WHILE AT WORK	STREET, FAI	CTORY, FARM, ETC.)		SIMEE!	CITY OR	IOWN	COUNTY	STA
							ion X. Inqui		4 12 22 22	
			rge of the remains de			ppsy . Inspect			nd in my opinion	
	death resulted	o trom: Not	urol couses 45,	Accident L	, Suicide L	, Homicide	. Undetermined	monner		
	ACTUAL	Oxian	urb VX	duga	4/	TITLE (SPECIFY)			DATE 2/	26/200
	SIGNATURE_	11	- / -	7	X	M.D. <u>Deputy</u>	MEDICAL EX	MINER	SIGNED_3/	501 TA8
	EXAMINER'S N	AME Augu	sto P. Ro	driguez,	M.D.	5009	Rayburn	Ct Ca	ump Spring	s. Md.
22- P	URIAL, CREMATI					OR CREMATORY	23d. LOCATION		- F	, 1101
(S	BURIEL						CITY OR TOWN		COUNTY	STATE
24. F	JNERAL DIRECT		3-31-198	2 HA	KMUNI MI	MORIAL PK	LANDOV RECID. BY REGIST		LE PAR SEMENTALITY	Me.
-	NAME		CO. 517		r. S.E.,	531	W 9 130	7	Q.	

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S. CARDRING L.S.A. PRINCE GROSSE'S GO.

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D.C. WOME WESHINGTON X 222 V ST. E.C.

See BOSA BOSA LERVIN

NO 269-26-9810 MALACHI PRINCH(HISBAND) SAME AS ITEM HIS

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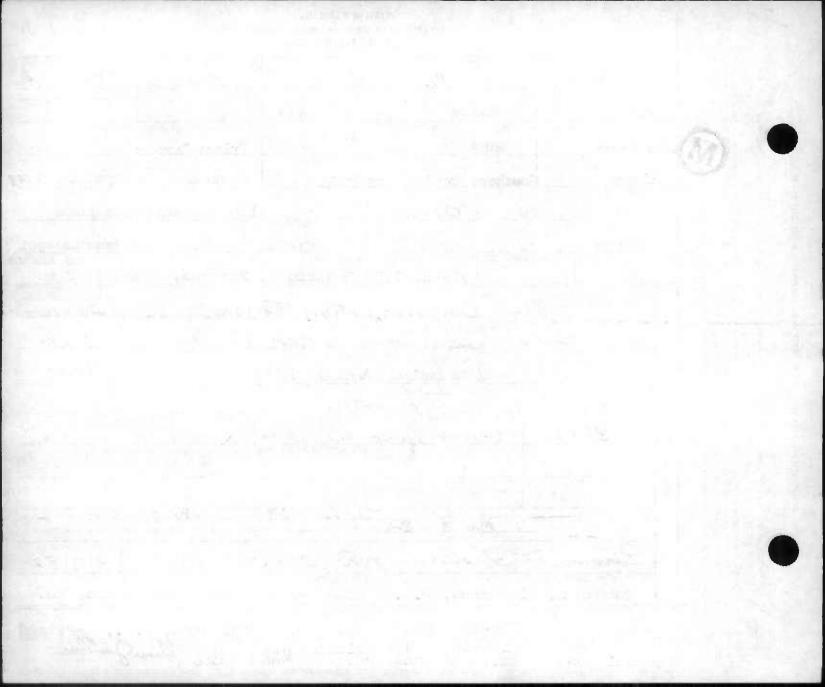
AHRIBE 3-31-1982 HARRELAL PK. LONDOVEK, P.G.C. NG.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.
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	- STATE REGISTRAR			CERTIFICATE	OF DEATH	REG. NO).	
	1. DECEASED NAME FIR	ST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YE	Zh HOUR
	Hild		- M.	Pistor	10	March	5 198	2 2:008
2	3 SEX	4 RACE		5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HR
l	Female		ite	Mar 8	1917	64	YRS	NOGAS MAIN
	To BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	MARRIED KNE	FR MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	тн
į	Oklahoma	US.		WIDOWED	DIVORCED	Prince Ge	orges	٨
ĺ	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING		INSTITUTION	12a USUAL OCCUPATION	ON 12b. KI	IND OF BUSINESS C
	Clinton	Southern	n Maryland			Secretar		t. of Na
	USUAL RESIDENCE (IF NURSING H 13a. STATE 13b	OME OR OTHER INSTITUTION COUNTY PG	GIVE RESIDENCE BEFORE AC 134. CITY OR TOWN Clinto:	13d. INS		13e STREET ADDRESS 12004 Bra	ndywine	Road
Ì	14 FATHER'S NAME	MIDDLE			HER'S MAIDEN NA	ΛE	7	
	George	A.	Svanas		Martha	M .	Judei	nschwage
ľ	160 WAS DECEASED EVER IN U		166 SOCIAL SECURI	TY NO. 17 INFO		ADDRE		as Abo
ı	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	579-12-	7039 Ro	sario J	Pistone,	Husband	d, Same
	Conditions, if any, while gove rise to immedia couse (a), stating (DUE TO, O ich offe blue blue constit conditions conditions conditions conditions conditions conditions conditions conditions	R AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN ONTRIBUTING TO DE	CE OF CE OF ATH BUT NOT REL DEPARTION WAS PE	کر	FAILUZE VAL DISEASE OR COND 1200 AUTOPSY? VYES NOT	20b IF YES, WERE F IN CERTIFYING CA	INDINGS USED
1					W INJURY OCCURR		Y IN ITEM 18 PART I OR PA	
	00.000,000,000,000		M. MONTH DAY		John Occom	To the manage of manage		
2	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 218, INJURY OCCURRED WHILE NOT WHILE	OF DEATH HOUR A. (AMINER) P. 21e. PLACE	m. Month day m.	YEAR 19 21f. LOO		CITY OR TOW	vn COUN	TY STATE
	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (New sow the deceased of	OF DEATH AMINER) P. 21e. PLACE (AT HOME STILL IVE ON MICH WHITE HE BODY) AND THE HE BODY AND THE	M. MONTH DAY M. OF INJURY BET, FACTORY, OFFICE, FARI de deceosed from 19 8	YEAR 19 21f. LOC	ATION TREET (my) (out opinion of Physician D		5, 19 8 te and hour and from	2, that (l) (wa) la
2	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270. I certify that (1) (New saw the deceased of above, (1) (New (abd.)) 272b. SIGNATURE 272d. PHYSICIAN'S NAME	OF DEATH AMINER) P. 21e. PLACE (AT HOME STILL IVE ON MICH WHITE HE BODY) AND THE HE BODY AND THE	M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAR e deceosed from offer death.	YEAR 19 211. LOC 3. ond that in DEGREE 122e AD	ATION TREET (my) (***-opinion of Physician Diress	CITY OR TOW	te and hour ond from	2, that (I) (pop) of the course stated DATE SIGNED

DHMH - 16 50M 1/8 (VRA 15, 4)

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STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCIENE

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	1 - STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG. N	O.		
	1. DECEASED NAME (TYPE OR PRINT)	CHRIS		R		ETO	MARCH 17,	1982	YE AR	26 HOUR 2:40 PM
9	3 SEX FEMALE	Mar	4 RACE		5 DATE (DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
		_	CAUCASI		JUN	E 2 1916	6	YRS		
1	WEST VIRGINI		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	e Georg		MD.
3	Lanham		Doctor	HFACILITY, GIVE STREET A	al o	F Pr. Geo. Co	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF OPERATOR			business or
1	MARYLAND	13b. COUN	JTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN MITCHELLY	V	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		ANE	
	PATRICK			Jhite house		GERTRUDE	S.	· · · · · · · · · · · · · · · · · · ·	Wolf	}
	166 WAS DECEASED EVE (YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 578-10-9		CARMEN Kosko	SAME AS	44		
	Conditions, if on gove rise to in couse (o), statunderlying couse	WAS CAUSE IMMEDIAT Which mediate ing the le lost.	D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OI (c1)	Ine for (a), (b), one TTCVLAY' R AS A CONSEQUE A CONSEQUE ONTRIBUTING TO D	NCE OF	pris after obs	burnel by	genier		MATE INTERVAL INSET AND DEATH
2	190 DATE OF OPER	THE CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE IN CERTIFYING O YES 210. THAT OF INJURY RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19							WERE FINDIN	IGS USED
	22a. I certify that (I) (this hospi	(AT HOME, STR	e deceased from	1	STREET , 19	to 3 death occurred on the do	, 19	0 ,	state that (I) (we) lost

shauld be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Item 21 is marked ar Item 18 shaws any 230 BURIAL, CREMATION 23b. DATE BURIA 20 MARCH 82 BP. 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY MT CHIVET CEMETERY

22e ADDRESS

ATTENDING

DEGREE

WASHINETON , DC.

STAFF

MEDICAL

DIRECTOR | PHYSICIAN

STATE

GRANT F. H. 9013 ANNAPOLIS Rd. LANHAM Md.

MAR 23 1982 Theres

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING

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'n	1-	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE O 4	0 / 9 0 0
U	1 DE	REGISTRAR CEASED NAME A FIRST	MIDDLE	LAST	REG. NO.	1 DAY YEAR 76 HOUR
nay be page 3 rr death		OR PRINT)	nce	roctor	3-1-8	DAY YEAR 25. HOUR
mo,	3. SE	noles	Negro	S DATE OF BIRTH MONTH DAY 8/25/1908	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YES
		QUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
1 1 1	10 CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVO	PRINCE GEORG	12b. KIND OF BUSINESS OR
1 11 150		LINTON	SOUTHERN MARYLAN	D HOSPITAL	former	
24 hou	13a. S	TATE 1 136 COUN	other institution, give residence before ITY 130 City or town rles Brandyw:	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
of within		THERS NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA.		LAST
Popen Co	16a V	VAS DECEASED EVER IN U.S. AR	4:		ADDRESS	E. Films
rificate by g physician an paper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	ly ane couse per line for (0), (b), and DBY.		bo .	APPROXIMATE INTERVAL ARTIMIZEN CONST AND DEATH
ath certificate anding physicis carbanpaperin, a remaval.		2030 IMMEDIAT	DUE 10 OF AS A CONTESTIE	To Wand out	y diseas	
the der the attremation		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	alamer	
		underlying cause lost.	(c)	DEATH BUT NOT RELATED TO THE TERM	AINIAL DISEASE OR COMPINIO	ALCOVENIAL CART No.
sig sig hen to b	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
been mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
The icro	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	
3 4 - 0 E		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		
3 PHY:	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN OF A		22a. I certify that (I) (this haspit	ral) attended the deceased from	and that in (my) (our) opinion	depth occurred on the date on	d hour and from the couses stated
hosy hosy hosy hed hed ept tem	- 1	22b. SIGNATURE	t) view the bady after death.	DEGREE		22c. DATE SIGNED
SPITAL O'SPITAL O'SPITAL O'UNERAL DI d'Abe detach he Stote De RTANT: If It		224 PHYSICIAN'S NAME (TYPE OF	38KW	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retained by the TO FUNERAL should be determined in with the State (MPORTANT:		MA MOG	SS)ESS	Slaved le	M MEN CE	me - mo.
BP		SURIAL, CREMATION, REMOVAL	3/5/1982 ST	AME OF CEMETERY OR CREMATORY.	23d LOCATION SITY OR TOWN (LOCATION)	Chas md STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	Marie De Con	dams - Clauda	100, M. 260 s	AR 8 1982 256	GISTRAPS IGNATURE
	4	110000000	7	7 3		

OR ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE C	0.	1)	0 1
	CEASED NAME	FIRST	, ,	MIDDLE	0 1	AST			DAY YEAR	26 HOUR
TYPE	OR PRINT)	e55	10	1	FRO	ctor		3-6	33-82	245A
3. SE	х.	1	RACE	~	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	male		N	EGRO	190	11-112-24	57	YRS.	MONTHS DAYS	HOURS MIN
Page	RITHPLACE ISTATE OR FO	OREIGN 7	b CITIZEN OF	what COUNTRY? S, \mathcal{A} .	MARRIE WIDOWE		9. BALTIMORE CITY O	R COUNTY	OF DEATH	Co MI
at.c	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI	NG HOME C		120. USUAL OCCUPATI		126 KIND OF	F BUSINESS OF
6	linton		Clinto	N CONIN	n. 40	spital	TRUCK DE	IVER	CONTR	ACTIN
13a S	AL RESIDENCE (IF NURS	13P CON		13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 7401 OLA	D Ale	x. Fekk	cy Ra
14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE		LAST	
	William		_	roctor		Grace	/ M.		Doc	ket.t.
Iáa V	VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
	No	(IF TES, GIVE	WAR OR DAIES)			Gregory Proc	tor Rd. CT	Old A		
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter only	one couse per	line for (a), (b), ar	nd IC				BETWEEN O	MATE INTERVAL INSET AND DEATH
5	PARTI. DEATH W		CAUSE (o)	Motosta	tie	CONCINOME	a stoma	1	Much	2.00
	Conditions, if any	, which	DUE TO, O	RAS A CONSEQU		MUCH FORDUN	when disease	0	Jean	S
	gove rise to immoduse (o), static underlying couse	ng the	DUE TO, O	R AS A CONSEQU	1	exia			munt	re
-	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1/a)
ģ	Intest	rina	0)3	motion	dos	lustos tahi				
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
RTI						10	YES NO	YE		NO []
Ö	210 ACCIDENT WAS UNI		HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	Y IN ITEM 18, P.	ART 1 OR PART 21	
CA	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.,	M.	19					
MED	21d INJURY OCCUR	HILE [77]	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	M	COUNTY	STATE
	22a certify that (1)	(this hospite	ol) ottended th	e deceosed from_	SPh	23 19 83	2 to 3-23		19 82 1	that (1) (we) los
	sow the deceos obove, (1) (we) (ed olive on_	3 -2	19	82 . 01	nd that in (my) (aur) opinion	death occurred on the d	ote and hou		
	226. SIGNATURE			One deam.		DEGREE			22c. DATE S	IGNED
	129	16 h	9	200	4/a	ATTENDING PHYSICIAN	MEDICAL STA		3-28	82
	22d PHYSICIAN'S N	AME (TYPE OR	Piwell			22e ADDRESS 7900	010 B10xx	ave	swite 10	1
	PET	ER.	w. 3	time m.	D.	Clan			20735	>
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial			82 R	esurre	ection Cemete		rince		
24 FL	JNERAL DIRECTOR	Rollir	s Fune	ral Home	. Inc.	25a. DA	TEREC'D. BY REGISTRAR	25 REGIST	PARS SIGNAM	1 the
				shington		101/	HN 40 1982 6	rance	1 John	MANAGE

BP. DHMH-16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in ly should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the state the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumotic event, the medical

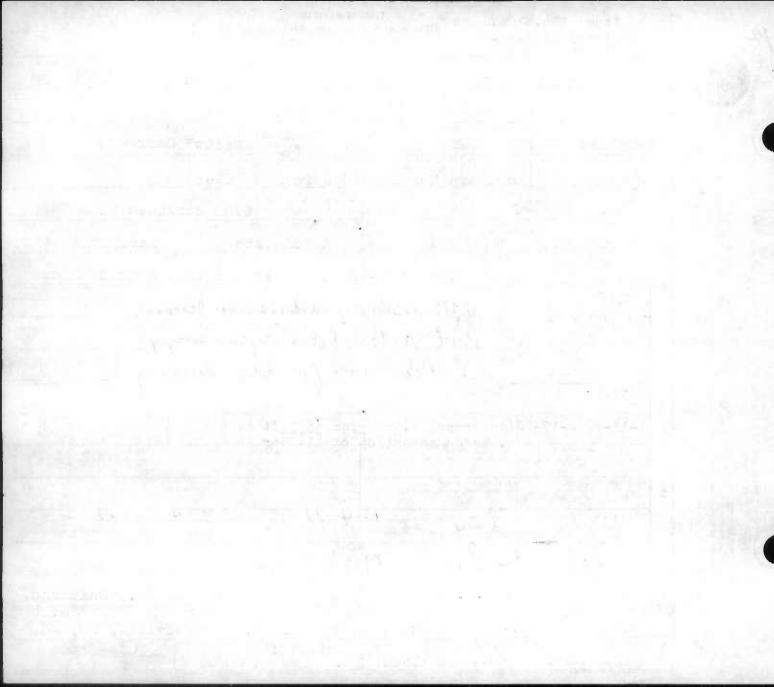
IMPORTANT: If Hem 21 is morked or Hem 18 shaws any

24 FUNERAL DIRECTOR Rollins Funeral Home, Inc. 4339 Hunt Pl. N.E., Washington, D.C.

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	FOR Items 1	9a.&19b. DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	SIENE 8 2 0	7 1 0 2
	- STATEFILM GG	565 3-30-82	CERTIFICATE OF DEATH	REG. NO.	
Del	1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(NEED		ter Paul I	Rakowski	March 4	1982 3 PM
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
2 hours	Male	White	June 29 1897	84 YRS	
	76. BIRTHPLACE (STATE OR FO		RY? 8. MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Die June	Maryland	USA	WIDOWED DIVORCED	Prince Georg	
by the filed with	Clinton	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION REFLADORESS) ryland Hospital	170 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LI Clergyman	12b. KIND OF BUSINESS C INDUSTRY
be the	-USUAL RESIDENCE HE NURSIN	G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)		
# B 55	Md.	PG Fores	tville YES NO NO	6702 Marlboro	Pike
2 sh	14. FATHER'S NAME	MIDDLE LAST	JS. MOTHER'S MAIDEN NA		
du Soc	Valentin		Antoine	tte Jar	zynski
Poges 1	160 WAS DECEASED EVER IN	HEYES GIVE WAR OR DATEST		ADDRESS	
Po ou	IYES, NO OR UNKNOWN)	579-6	0-6431 Rev. Berna	rd Martin, San	ne as Above
ysicio open val.	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one couse per line for 10), (b),		1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph sonp remo		MMEDIATE CAUSE (0)	is Scherter Cardy Va	scalar Visease	
carbin, or matic	1801	DUE TO, OMAS A CONSEC		1 1	
move notice frou	Conditions, if any, a		arterial aneur	ysm surgey	
d by the ease rer al, crem	cause (a), stating underlying cause	the lost. DUE TO, OR AS A CONSECUTION OF THE CONSE	DUENCE OF CUrcinson of Blad	da Sungery	
signed Then plk ta buria		FICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION IN	EN IN PART 110
been brior ony ii	190 DATE OF OPERALIG	ON 2 196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED OF Left		S, WERE FINDINGS USED
has has	1-11-05 5	-17-02 (aneurysm)	b.aneurysm of left gastric artery		FYING CAUSES OF DEATH?
hysic front frons 118 sl			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
riol-	(IF EITHER NOTIFY MEDICA	LEXAMINER) P.M.	19		
offending ter this is the bu	OR CONTRIBUTING CA	LAT HOME STREET EACTORY OFFI	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R. Af Use o tealth	220.1 certify that (1) (t	his hospital) attended the deceased from			19 £2, that (I) (we) la
Spiro CTO of h	saw the deceased above, (1) (we) (dia	olive on	ond that in (my) (our) opinion	death occurred on the date and hou	or and from the causes stated
ched ched ched hem	22b. SIGNAL DRE	100	DEGREE		22c. DATE SIGNED
RAL deto	200	in Total		MEDICAL STAFF DIRECTOR PHYSICIAN	3-4-82
ed by	22d PHYSICIAN'S NAM		27e ADDRESS		
should b		Shay, M.D.	5509 Old S	ilver Hill Rd.	
	230. BURIAL, CREMATION, RE		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	MO .
BP	Burial		t. Calvary Ch.Ce	m, Forestvill	Le, PG, Md.
MH - 16 50M 1/BI (VRA 15, 4)	Funeral Ho	me Rd., Suit.	4308 Suitlanda land, Md.	E REC'D. BY REGISTRARITH HEGER	RAN STANDARE
	Tunetar no	na., Sult.	rand, Md. MAN	T A 1907	All Control of the Co

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 -	FOR STATE REGISTRAR		DEPAR		HEALTH AND MENTAL HYO	GIENE 3 2	10.	1 .	0 3
	CEASED NAME FIRST	,	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
11111		nes	Fran	ncis	Reelv	Ma	rch 2	7 1982	2:45P M
3. SE	Χ .	4. RACE		S. DATE	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	
	Male	White		Ju	1y 16,1895	86	YRS.	MONTHS DATS	MOURS MIN.
Ta. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	Maryland	USA		WIDOW		Prince Ge	orges	County	MD
	ty or town of death Laurel	Greate:	H FACILITY, GIVE STREE Laurel	Belt	or other institution sville Hospita	12a USUAL OCCUPAT	TION OF WORKING HE	126. KIND C	of Business or
M		ROTHER INSTITUTION	13c. CITY OR TO	DRE ADMISSION WN	13d INSIDE CITY LIMITS? YES 📉 NO 🗌	13e STREET ADDRESS 408 Carro		enue	
14. FA	THER'S NAME FIRS Richard	MIDDLE Re	ely LAST		Anni e	Gavigan MIDDLE		ŁA	ST
	VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR			
()	yes noor unknown) (1F yes of	VE WAR OR DATES)	21.8 07	3827	James R. Ree	ely 51.7 Mon	tgomer	y St. I	L_urel,Mo
	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	Carr R AS A CONSEQU	UENCE-OF	e Failur	Alinal Disease or Con	ADITION GIV	VEN IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION				ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
ERTI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTUINE		Tal- HOW BINDY BOOK	YES NO		S 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF DE		M. MONTH [DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJI	JRY IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P./ 21e, PLACE (19	214 LOCATION				
ME	WHILE NOT WHILE AT WORK		EET FACTORY, OFFICE	, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (I) (this hospi	7 / 2 /2	e deceased from	MK E	19. 82		7		that (I) (we) lost
	sow the deceased alive on obove, (I) (we) (did) (did no		ofter death.		and that in (my) (our) opinion	death occurred on the o	ote and hou	r and from the	couses stated
	1 nowas 9	Ywa	lea	~	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [3/26	/FZ
9	MOMAS AT M	MARLET	AW, M	D.	3 XIO FORT	Meade Rd		AURE	1, mo.
23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE March3			CEMETERY OR CREMATORY Cemetery	23d LOCATION CHYORTOWN Burtons	/ille.	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Donaldson Funeral Home, Laurel, Md

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete, filling in by the funeral should be detached for use as the busiol-transit permit. Then please remove corbon papers. Fagure 1 and 2 inhuld be filled within 72 in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remission.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic trent. The

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O FUNERAL DIRECTOR, A ould be detoched for use the State Dept. of Heal

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DHMH - 16 50M 7/77

(VR A 15 (4))

DECEASED NAME 4 RACE 1. SEX 76 CITIZEN OF WI BIRTHPLACE ISTATE OR FOREIGN OR TOWN OF DEATH 11. NAME OF HO USUAL RESIDENCE 14. FATHER'S NAME FIRST nknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR Conditions, if ony, which gove rise to immediate cause ta, stating the DUE TO OR . underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CON CERTIFICATION 196. CONDITIO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF HOUR A.M OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF

(AT HOME, STREET

FOR - STATE REGISTRAR

	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		904
RICHE	RASON		3-11-80	2 8.1 AM
V	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY YRS.	
A COUNTRY?	MARRIED NEVER MARRIED NIONCED DIVORCED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	MD.
ACILITY IVE STREET A	GHOME OR OTHER INSTITUTION (DDRESS)	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTE	OF BUSINESS OR PY DMESTIC
RESIDENCE BEFORE		13e. STREET ADDRESS	KEYS Ro.	
LAST	15. MOTHER'S MAIDEN NAM	Known		LAST
77-68	-8065 Lille Paka	ADDRE	Juth Kens Rd	Brandquise.
CARRY	estive bea	of fail	ere BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
SACONSEQUE	Scherotie face	ntdise	ore	yns.
s a conseque	NCE OF			
TRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MEMILA CONE	DITION GIVEN IN PART	1(a)
ON FOR WHICH	OPERATION WAS PERFORMED 4	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
NJURY MONTH DA	19 21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2)
INJURY I, FACTORY, OFFICE, FA	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
deceased fram	2/26 , 19.8 and that in (my) (sure opinion of	deoth occurred on the do	ite and hour and from t	, that 🔑 (we) last he causes stated
2 /4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 2/	TE SIGNED
	22e ADDRESS		1 1 00 0	0

AT WORK NOT WHILE 22a | certify that (1) (this hecostel) attended the c saw the deceased alive on_ obave, (1) (we (did) (did not) view the body of 22b. SIGNATURE 224. PHYSICIAN'S NAME TYPE OF PRINT Clinton Comm 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 73a BURIAN CREMATION, REMOVAL 23b. DATE -13 82 linton DACIA 250. DATE REC'D. BY REGISTRAR 255 REGISTRAL HALL 24. FUNERAL DIRECTOR Crances

1-19E 20 - 10 - 10 - 10 - 10 - 10 Continue to the form of the second wife of the second 1 Par Mary Same Comment Land Land Comment The state of the s SERVE STATE OF HELD AND HELD WITH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYGIENE	0	hour

20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	IR
	3	31	82	10:4	55
6. AGE (IN YEARS LAST B	RTHDAY	IF UNDE	RIYEAR	IF UNDER	24 HRS
74	YRS	MONTHS	DATS	HOURS	MIN.

5. DATE OF BIRTH Male White June 5 1907 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

Raymond

MIDDLE

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USA

MARRIED NEVER MARRIED WIDOWED

Richardson

Prince George's 126 KIND OF BUSINESS OR INDUSTRY Foreman - Telephone Co.

Day

Maryland

Cheverly

13g STATE

No

CERTIFICATION

MEDICAL

FOR

- STATE

LIYPE OR PRINTI

3 SEX

REGISTRAR 1 DECEASED NAME

> 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Prince George's Hospital

> > 13c. CITY OR TOWN

13e STREET ADDRESS 2215 Ritchie Road YES 🗍

MIDDLE

PG Md Forestville 14 FATHER'S NAME FIRST Richardson Andrew

13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b SOCIAL SECURITY NO.

17. INFORMANT ADDRES Same as Above

577-01-0395

Margaret L. Richardson, Wife

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ascular Trumbon IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse

15. MOTHER'S MAIDEN NAME

Aurelia

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED

-	Silvery .		
	216. TIME OF INJURY	DAY YEAR	210

3-20

NO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20g AUTOPSY?

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY

22a. | certify that (1) (this haspital) attended the deceased from

11 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK

STATE

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive on 3 30 above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED 4-1-82

77d PHYSICIAN'S NAME (TYPE OF PRINT)

3503 Perry St., Mt. Rainier, Md.

Suresh C. Gupta 230 BURIAL, CREMATION, REMOVAL

Burial

Funeral Home

4-3-82

23¢ NAME OF CEMETERY OR CREMATORY Wash. Natl. Cem.

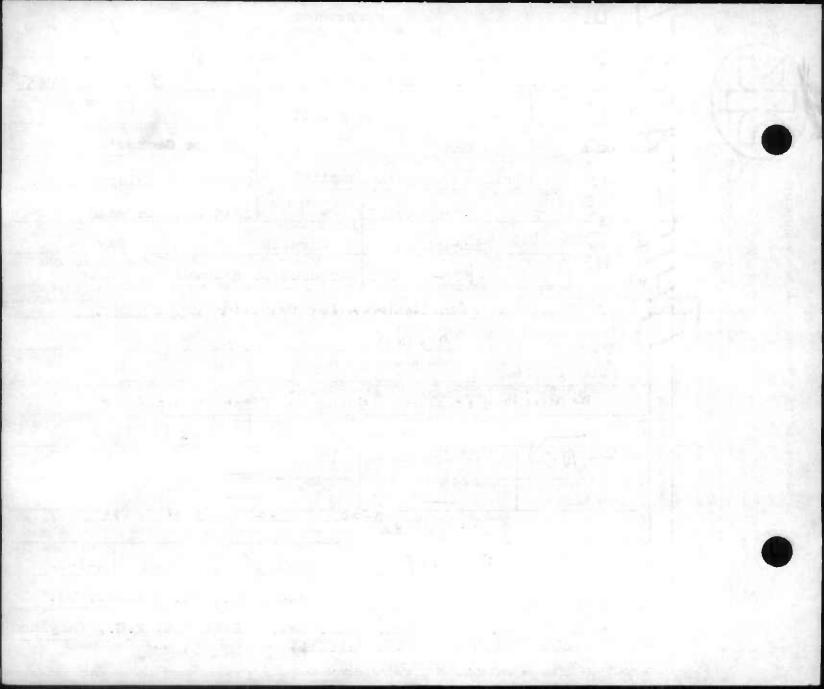
Suitland, P.G. Maryland

24 FUNERAL DIRECTOR RObt Rd., Suitland, Md

Land R Date REQUEY REGILITIES SEGMATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral difference should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filed within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examples of the state o

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(M):	I. DECEASED

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must be notified

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

Ľ	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME PE OR PRINT)	FIRST	MIDDLE		IASI	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	G	EORGE	R	RI	ISTON		03 24	82	2:30P M
3 S		4 RAC		5. DATE (6 AGE (IN YEARS LAST BIR		DNIHS DAYS	IF UNDER 24 HRS HOURS MIN,
	Male		White	Jan.	3, 1925	57	YRS		
	BIRTHPLACE (STATE OR F		ZEN OF WHAT COL	INTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
	shington,		S.A.	WIDOW		PRINCE (T	MD.
10.0	CHEVERLY	(18	NOT IN SUCH FACILITY, GI	VE STREET ADDRESS1	DROTHER INSTITUTION	120. USUAL OCCUPAT		INDUSTRY	F BUSINESS OR
1150	JAL RESIDENCE (IF NURS				AL HOSPITAL	Painter		House	Painter
130	STATE	P.G.	13c. CITY C		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2720 Hawth	orne T	errace	
14 F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		021400	
F	rank	A.		iston	Irene	MIDDLE		Harrov	
	WAS DECEASED EVER	N U.S. ARMED FO		L SECURITY NO.	17 INFORMANT	ADDR	SS Addr	ess Sa	me as
	es-Navy	W.W.I		18-7234	Charlotte F.	Vendemia	No#	13e.	
	18 CAUSE OF DEATH	Enter only one o	ouse per line for (a),	(b), ond (c)	0 .1			APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUS	SE (O) CAR	010 -10	esp. +Ail	re			
1	1629		JE TO, OR AS A CON	NSEQUENCE OF	(, 1)	58u	Anyous	4	
	Conditions, if any,	which ((b) CAR	CINON	NA Ofthe	Lung,	Adem		
	gove rise to imm cause (a), statin	g the DL	JE TO, OR AS A CON	NSEQUENCE OF					
	underlying couse	lost.	(c)						
7	PART 2 OTHER SIGN	IFICANT CONDIT	IONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO)
CERTIFICATION									
ICA	2 2 4 8		1		N WAS PERFORMED	20a AUTOPSY?	206 IF YES, IN CERTIFY!	WERE FINDIN	GS USED OF DEATH?
E I		,		onces		YES NO NO	YES		№ □
	218. ACCIDENT WAS UND		TIME OF INJURY OUR A.M. MONI	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I OR PART 2)	
CA	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.M.	19					
MEDICAL	21d. INJURY OCCURR	(AT	PLACE OF INJURY HOME, STREET, FACTORY.	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	AT WORK AT WOR	K L		-1	102		/	07	
	220.1 certify that (I)				3 /8 2 19		, 19		that (I) (we) last
	obove, (I) (we) (d	id) (did not) view t	he body ofter death		nd that in (my) (our) opinion i	death occurred on the de	ate and hour o	ind from the	couses stated
	SHIGHATUM	level a	. Muy	mun	ATTENDING ATTENDING	MEDICAL STAI		22c. DATE	25/82
1	224 PHYSICIAN'S NA		^ ^.		PHYSICIAN 22e ADDRES	DIRECTOR PHYSIC	IAN LU	101	
	KICH	ARD f	J. MARI	ASAMO	166H	Che	ver	ly.	1/12.
230	BURIAL, CREMATION, I	REMOVAL 236.	DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Buria	al 3.	-29-82	Md. Vet	. Cemetery	Cheltenha			Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

Cheltenham

So, DATE REC'D. BY REGISTRAR

MAR 2 9 1982

P.G. Maryland

TE PEGI, F. net eight: CHENCEY PRINCE CONTROL MOSPINAL PRINCES Monse Peinter Maryland ... lent village x 2720 Marthorate former Prant . Piston Trenc TO WELL STORY Ad design sacrable Yes-Yave M. W. It 218-18-7274 Charlotte C. Tenderin 'o lie.

Surfal 5-20-02 vd. Vot. Comptery Cheltenhow P.G. Maryland

P. Jesch's Tons P.H. T.J. Walteville, Md. Mill 2 D 1982 A Vacable Call

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 1. DECEASED NAME FIRST MIDDLE LAST DAY 2b. HOUR (TYPE OR PRINT) 10:55p MARCH 4, 1982 RICHARD RODGERS A. 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH DAY MONTHS MALE WHITE June 22, 1920 61 YRS 7a BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Chio Prince Georges U-S-A-WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Starr Assistant (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3121 Parkway Cheverly Goverment Interior Dent. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE 139. COUNTY 131. CITY OR TOWN 13. STREET ADDRESS 13d INSIDE CITY LIMITS? 3121 Parkway Prince Geo. Cheverly Maryland YES 🙀 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME P. Margaret MIDDLE Daniel Gallagher Rodgers ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) Same as #13 (Wife) Dorothy Rodgers 269 14 5933 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate (a), stoting cause DUE TO, OR AS A CONSEQUENCE OF lost underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) this haspital) attended the deceased from sow the deceased alwarenand shot in (my) jour) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did (did nat) New the bady after death 22h SIGNATURE DEGREE 22c DATE SIGNED 3/5/82 ATTENDING * MEDICAL STAFF should be det with the State IMPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINTS

Ft. Lincoln Crematory

DHMH-16 20M (VRA 15, 4) 7/7B

Francis Gasch's Sons Funeral P.A. Hyattsville, Maryland

3/8/82

23a BURIAL, CREMATION, REMOVAL

Cremation

250. DATE FECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P CONTY

Maryland

23d, LOCATION

Brentwood

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Dr. Rodriguez

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEG NO					

REGISTRAR				CERTIF	ICATE OF D	EATH	RE	G. NO.			
DECEASED NAME	FIRST	MI	DDLE	L	AST		20. DATE OF DEA	TH MONT	H DAY	YEAR	26 HOUR
(TYPE OR PRINT)	MARII	E GI	RACE	RUB	INO		MARCH	24	1982		12:47A _m
SEX	4.	RACE		5 DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24 HRS
Female	A 4.0	White		May	6 900	5 YEAR	86		YRS.	DAYS	HOURS MIN.
O. BIRTHPLACE (STATE C	OR FOREIGN 76.	CITIZEN OF W	HAT COUNTR	Y? 8	D NEVER M	APPIED T	9 BALTIMORE C			EATH	
Sicily		US		WIDOWE		ORCED	F	rince	Geor	ge's	MD.
CITY OR TOWN OF D	EATH 11	. NAME OF HO	FACILITY GIVE STRI	FET ADDRESS)			120 USUAL OCCU			L KIND O	F BUSINESS OR
Lanham	-	octors	' Hospi	tal of	Pr. Ge	o. Co.	Homemak		(INO LIFE) [IN]	Hom	ie
USUAL RESIDENCE (IF NO. 130 STATE D.C.	None		ive residence Ber 3c. CITY OR TO Washir	NWN	13d INSIDE CI	NO 🗆			on St.	N.W	
4 FATHER'S NAME FIRST (Unknow	4	DLE	Caltabi	ano		MAIDEN NAA	(Unkne			LAS	7
60 WAS DECEASED EVE (YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	577-48-		17 INFORMAI Peter		1000 Pot	bomac	St. N	.W.	Wash, DC
Conditions if ar gove rise to it cause (a), sto underlying cau	IMMEDIATE (DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A COMSEC	DUENCE OF	otu-	TO THE TERM	IN AL DISEASE OR	CONDITIO			MATE INTERVAL ONSET AND DEATH
19a DATE OF OPER	PATION	19b. CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSYS	_ IN (IF YES, WER CERTIFYING YES		
OR CONTRIBUTING L (IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEATH	P.M. 21e PLACE O	. MONTH	19	211. LOCATIO STREET		RED (ENTER NATURE C	OR TOWN		R PART 2)	STATE
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22d. PHYSICIAN'S I		Tarez	· lu	7	22e ADDRESS		1111111	- be	-olo-	- 1	Cm

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DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

FOR

23c NAME OF CEMETERY OR CREMATOR Ft. Lincoln Cem.

23d LOCATION
CITYOR TOWN
Brentwood, Md.

STATE

Burial 3/27/82 Ft. Li
^{24 FUNERAL DERCTOR Joseph Gawler's Sons, Inc.} 5130 Wisc. Ave. N.W. Wash., D.C. 20016

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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No. 16	-	
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requires that the death certificate

ATTENDING PHYSICIAN The low

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retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO			
	DECEASED NAME TYPE OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEA		DAY YEAR	2b. HOU	
1		Rober		L.		unyan	March 2			4:3	-
3.	SEX		4. RACE		5 DATE C		AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN.
	Male		Wh:	ite		3, 1908	73	YRS.			
70	BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
2	Ohio		U.S.	Α.	WIDOWE		Prince	George	s Count	7	M
10	CITY OR TOWN O	FDEATH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCU		12h. KIND C	F BUSINE	SS OR
4	Greenbelt					sing Center	Ret Scho		,	Sc	hoo
U	SUAL RESIDENCE (1	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
~	Maryland	136 COUN	G.	Greenbe		13d INSIDE CITY LIMITS?	13e. STREET ADDR	vewood	Court		
	FATHER'S NAME		, u	di centre.	10	15 MOTHER'S MAIDEN NA		VENOUG	oou c		
3	FIRST	_	MIDDLE	LAST		FIRST	MIDI		LAS		
_	Floyd WAS DECEASED		P FORCES	Runyan	DITY AIO	Ina 17 INFORMANT	Ма		Layno		
1'*	(YES, NO OR UNKNOW		WAR OR DATES	1000		17 INFORMANT	^		dress Sa	ame a	S
	Yes-Marin	es W.V	II.	215-38-	2581	Helen Runya	n	No	# 13e.	MATE INTER	
		SIGNIFICANT C	ONDITIONS CO	y tunk	DEATH BUT	NOT RELATED TO THE TERM	29m AUTOPSY?	20b. IF Y	ES, WERE FINDIN	GS USED OF DEAT	H?
3	21a ACCIDENT W	AS UNDERLYING	1 216. TIME C	F IN JURY		21c HOW INJURY OCCUR	PED LENTER NATURE OF		YES DEPART 2)	NO [
	00.000.000.000.000.00	CAUSE OF DEA			YEAR			V-2-	,		
/ [3	(# EITHER, NOTIFY 21d INJURY OC	MEDICAL EXAMINER)	P. 21e PLACE	M. OF IN HIRY	19	211 LOCATION					_
		NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	ST	ATE
	220 I certify the sow the de obove, (I) (226 J. NATUR	ot (1) (this hospit receased alive an we) (did) (did no	y view the body	ofter death.	, 01	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death occurred on the DICAL DIRECTOR PH	STAFF		SIGNED	oted
	Robert	C. Wing	field,			329 Prince			aurel, N	ld.	
23	BURIAL, CREMAT	ION, REMOVAL	236. DATE	23€ ►	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	ŞTA	ATE
		urial	3-24-8	32 Ft	. Lin	coln Cremator	y Brentw	ood	7500 THE	arvl	and
24 F	FUNERAL DIRECTO	Sons F	.H. P.A	. Hyattsv	ille,	Md. 250 060	Breco by Regist	RAR 258 REGIS	STRAR SSIGNAT		

DHMH-16 20M (VRA 15, 4) 7/78

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1- 5	TATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE	OF DE	ATH REG	, NO.	/ / 1	
	I. DEC	CEASED NAME OR PRINT)			MIDDLE		LAST		20. DATE KNOWN OF ESTI-			b. HOUR
			JAMES		BERT		LER		DEATH MATED	3-2	19 82	M
	3 SEX		4. RACE	5 DATE OF BIRTH	YEAR 6. AGE (IN YE	AY) MONTH		DER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAT TEAR	10:26
	MAI 70. BIR	THPLACE (S	WHITE	4- 16-	9	RS		100 m	DÉADOA 9. BALTIMORE CIT		25 1982 Y OF DEATH	Рм
7		ASHINE	TW, DC	U.S.	A	WIDOW	ED NEVER MA	DRCED	PRINC	E GE	apees	MD.
74	Co.	SHEY		(IF NOT IN SUCH FAC	PITAL, NURSING HOMI LILITY, GIVE STREET ADDRESS)		HOSPITAL	FOR	WAL OCCUPATION MOST OF WORKING LIFE) - TECHWI	CIAN	OR INDUSTRY	RET
5	13a. ST	MD.	1136. COUN	OR OTHER INSTITUTION, GIV TY CASO.	E RESIDENCE BEFORE ADMISS 131. CITY OR TOWN COLLEGE	ARK	13d. INSIDE CITY LIMIT! YES NO		REET ADDRESS	ZEROT	T RUAD	
1	14. FA	THER'S NAME		WIDOLE	LAST		15. MOTHER'S MA	AIDEN NAM	MIOOLE		LAST	,
2		AMES	E0	waed	SADLE	R	HE	LEN	E		DE LA	1
		AS DECEASE S, NO. OR UNKNO	(11 165, 0116	MED FORCES? WAR OR DATES)	578-387	-316	JULIA	A.	S'ADLER.	3725	METZER	2077
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		DARY O OTHER C	ICHICICINT CONOTTON	(c)								
	NO	PAKI Z UTNEK S	IGNIFICANT CONDITIONS	CONTRIBUTING TO UEATH 8	UT NOT RELATED TO THE TERA	NINAL DISEASI	OK CONDITION GIVEN I	N PART I (a).				
7	FICATION	19a. DATE OF	POPERATION	195. CONDIT	DITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?	
of											YES 🗆	СЖои
3	EDICAL CERT	UNDERLYING	AL CAUSE WAS OR ING CAUSE OF		MONTH DAY YEA		OW INJURY OCCU	RRED (ENTER	R NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	RT 2]	
	MEDIC	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET		CITY OR TOWN	co	UNTY	STATE
			ify that I took charg	ge of the remains desc rol couses .	Accident , Si	Autop	sy , Inspe , Hamicide	ction X,	Inquiry ,	ond in my or	pinion	
		ACTUAL SIGNATURE	Thugu	sto X	dolegue	/m	DEPUTY	ME	DICAL EXAMINER	DATE SIGNE	3-26-82	
2		EXAMINER'S (TYPE OR PRI	NAME AUGUS	TO P . RO	DORIGUEZ ,	M.D			RN CT. CA	MP SPRI	NGS, PR.	GEOR.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL			G. NO.	0 /	j	1 4
	CEASED NAME FIRST	MI	DOLE		AST	20	o. DATE OF DEA	TH MONTH	DAY Y	EAR 2b	HOUR
	Albert		3.	San			March		1982	1:	30 p M
3. SE	Male	4. RACE Caucas	iin	5. DATE C	0.14	.0	AGE (IN YEARS LA	ST BIRTHDAY]	MONTHS		UNDER 24 HRS.
7 0		7b. CITIZEN OF WHAT COUNTRY?			3, 1903		78		RS.		
	RTHPLACE (STATE OR FOREIGN				D NEVER MARRIED						
10 C	Wash., DC		S.A.	WIDOWE G HOME C	DR OTHER INSTITUTION	Section 2	Prince			IND OF BI	JSINESS OR
P.	iverdale		Memoria.		nital	(1	Super Super	OSL OF WORK	Pen	CTDV	R.R.
USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)					1 - 1		
		.Geo.	Hyatts	ville			5805	- 42d	Ave.		
14. FA	ATHER'S NAME	MIDDLE	Sands		15. MOTHER'S MAIDE	SS10	MIDI	DLE	Po	verd	ldaa
140 1	James VAS DECEASED EVER IN U.S. AR	A.	6b SOCIAL SECUR		17 INFORMANT	2210	Α	DDRESS _		A G T. O	.uge
		E WAR OR DATES)	717-09-			ary .	Jendre	R	t.#3	- Bo	x 616
	18 CAUSE OF DEATH (Enter or	ly one cause per li	ne far (g), (b), and	Ic.	J.	(1	otr.)		BET	PPROXIMATE WEEN ONSE	INTERVAL T AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (o)	andre	a	vus T						
	4-14-0	DUE TO, OR	AS A CONSEQUE	NCE OF	51.					2 40	d 40.0
	Canditions, if any, which gove rise to immediate	(b)	Langertive	Hout	tailul				- '	Jul	277
	cause (a), stating the underlying cause lost.	DUE TO, OR	nce pr	Heart Di	Seise	2		10	syle	rg	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OPP, Gr Pulmon 1 e								RT 1(0)		
CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH	OPERATIO					YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?		
TIF						4.1	YES NO		YES [10 []
Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		INJURY . MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE O	F INJURY IN ITEA	A 18 PART I OR PA	RT 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M		19							
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY T. FACTORY OFFICE, FA	RM ETC)	21f. LOCATION STREET		CITY	OR TOWN	COUN	IIY	STATE
	220.1 certify that (1) (this hase	ral) ottended the	deceased from_		. 19_	1979	to Pu	rent	19	that	(1) (we) lost
	saw the deceased alive an abave, (1) (we) (did) (did na	3/10	10 \$	2,01	nd that in (my) (aur ap	pinian dea	th accurred an t	he dote and	haur and from	m the cous	ies stoted
	22b. SIGNATURE	V	iter dediti.		DEGREE					DATE SIGI	
	felmon in				ATTENDI PHYSICI		MEDICAL DIRECTOR PH	STAFF HYSICIAN [3-10-	82
H	224. PHYSICIAN'S NAME (T) PE C	R PRINT)		1	22e ADDRESS						
	Jeffrey Kelman	n, M. D.			6525 Belo	crest	Road,	Hyatt	sville,	Md.	20782
	BURIAL, CREMATION, REMOVAL Burial	3/13/			EMETERY OR CREMAT		23d LOCATION	VN	COUNTY		STATE
24 FI					Hill Cem	-	Suit.		Pr. G		
	INERAL DIRECTOR Nall	ey's F.	H. ADDRESS N	At Ra Md	TTITEL .	A DATE KI		0	CISTRAR 5 SIC	of M	71
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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injury, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

ATTENDING PHYSICIAN: or attending phys

TO HOSPITAL OR ATTEN

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should be detached for use as the burial-transit permit. Then please remove cark with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic

within 24 hours ofter

executed

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6		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFIC ATE OF DEATH	REG. NO.
6 t	A	1. DECEASED NAME Waunitau C. MIDDLE (TYPE OR PRINT)	SAULS	20. DATE OF DEATH MONTH DAY YEAR 26 HI MARCH 10 1982 3
(M)		SEX FEMALE WHITE		6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNIT MONTHS DAYS HOUR
bin 73	85		States widowed DIVORCED	PRINCE GEORGES
by the f	90	LANHAM GACHOLIA		IZE USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Transpanalyst US Gov
hould be	35	MARYLAND PRINCE GEORGES	EAST PINES YES NO	136. STREET ADDRESS 6029 6741 PLACE
ond 2 sl	LOC	Claude MIDDLE C.	15 MOTHER'S MAIDEN NA. Myrtle	ME Castle LAST
Dud oges	and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 23	12-26-6604 CARL SAUL	S EAST PLACE
ng physicie conpoper removal.	, , ,	18 CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Jenkeme.	APPROXIMATE IN BETWEEN ONSETA
e ottendir move carl nation, or		Conditions, if ony, which gove rise to immediate	A CONSEQUENCE OF NON	1.90

couse (o), stoting couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211. LOCATION 71d INTURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (this hospital) attended the deceased from sow the deceased alive on Tobal Communication obove (1) (we) and (did not) view the body after death and that ingmy (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN 115 Center Way, Greenbelt, Md 20770 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Til Bergemann MD

Apnapolis Bowle M

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TO FUNERAL DIRECTOR: After

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1982 Md Veterans Com

230. BURIAL, CREMATION, REMOVAL

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL	TTENDING PHYSICIAN: The law requires that the deoth certificate pital or attending physicion. TOR. After this certificate has been signed by the attending physici for use as the burial-transit permit. Then please remove carbon paper of Health and Mental Hygiene prior to burial, cremation, ar remaval. I is marked at them 18 shaws any injury, or ather traumatic event, the	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH V Conditions, if any gave rise to im cause (a), stath underlying cause PART 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [15 ETHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 21d. ICERTIFY that (I) saw the decease obove, (I) (we) (ii)	was Cause IMMEDIA , which mediate ng the lost. NIFICANT O CAUSE OF DEA CAUSE OF D	D BY: (E CAUSE (o) DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS C (vith HOUR A 21e. PLACE (AT HOME ST	OR AS A CONSEQUE ON TRIBUTING TO CONTRIBUTION POR WHICH OF INJURY AM. MONTH DA AM. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF	ad Faco UD PO	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTITY OR TO	206. IF YES, W. LDL-CERTIFYIN YES [JRY IN ITEM 18 PART	/ERE FINDING G CAUSES C L OR PART 2) COUNTY	GS USED DE DEATH? NO STATE

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee IMPORTANT: If them 21 is 1 TO HOSPITAL OR ATTEN BP.

Burial March/5/82 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Riverdale, Maryland Chambers Funeral Home

lmaco

23b. DATE

22b. SIGNATURE

778. PHYSICIAN'S NAME

230 BURIAL, CREMATION, MANOVAL

DEGREE		22c. DATE SIGNED
ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/1/82
22e ADDRESS		
966H	Choody M	de la
23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Ft. Lincoln Cemetery	Brentwood, P.G.	Co., Maryland
le. Maryland	REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNAMBELLON

Committee of Sporein County of the County of CHEVERLY PRINCE GEORGE TO CENTERAL HOSPITAL LICENSHIPS TO COMEVERLY A SERVICE SPEED RESIDENCE TO LEE TO AND LIFE WITH LIGHT WITH LIGHT WAY . DA - CO VINT (CONTROL OF THE WORLD OF THE CONTROL Alley of the allegant algorithms, the top, detailed

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RE, MD. 21201	DEATH. IF ANY DELAY IS NECESSA GES 1, 2, AND 3 TO THE FUNERAL M PM 3. RETAIN PAGE 5 FOR Y AND 2 SHOULD BE FILED, WITHIN OF VILLA RECORDS, 301 W. PREST
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	DIMEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR RECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERALE OFCE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR OF WITHOUT BE USED AS BURIALTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 301 W. PRESTON ALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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(VR A15)		F.	Gasch	's Sons I	.н. Р.А.	lyatts	ville, M	d.	MAR 8	1989	200	Don Mi	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

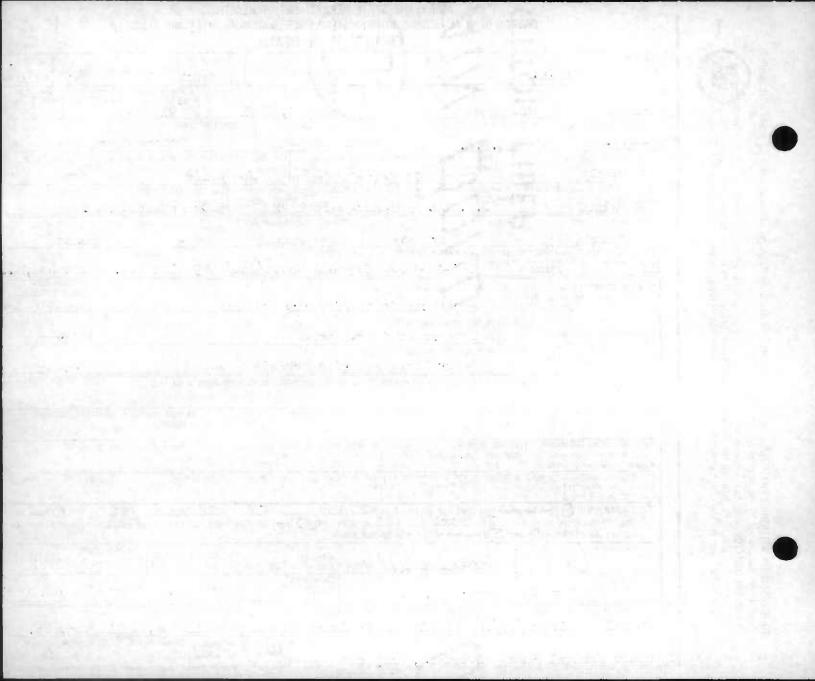
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3. SEX		4. RACE			S. DATE OF BIR	TH		6. AGE (In lost birthd	yeors	IF UNOER 1 YEAR	IF UNDER 2	
Femal		Bla	ck		March	8, 1891		91	YRS.	MONTHS DAYS	HOURS	MIN.
7o. BIRTHPLACE (Sto	ote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MARR		COUNTY OF	DEATH				
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10. CITY OR TOWN Greent	elt	give	iame of Hospital or in street oddress) Greenbelt	Conva		during most	OCCUPATION (of working li	Kind of wo	rk done retired.)	12b. KIND OF INDUSTRY HOM)R
130. USUAL RESIDER odmission) STATE Mary		ed lived, if institu 13b. COUNTY P	tion: Residence before			YES NO	7	Lake		Road		
14. FATHER'S NAME	First	Middle	Lost		. MOTHER'S MAI	DEN NAME First			Middle	2100,00	Lost	
Th	omas	-	Thompso	on	F	annie		-		Smoot	S	
16o. WAS DECEASED	EVER IN U.S. ARN		16b. SOCIAL SECURITY		NFORMANT			A	ddress	0111000		
Yes, no, or unkno	No	rar or dates of service)	182-22-61	144 Ra	ymond S	cott/Sc	n/4529	41st	Ave.	Brent	boow	,Md
IB. CAUSE O	DEATH (Enter on	y one couse per li	ine for (o), (b), ond (c)).)						APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEA	TH
PART I.	DEATH WAS CAUSED	BY: TE CAUSE (a)	Acute car	dio-re	spirato	rv fail	ure				day	311
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	ony, which gove)	(h)	Chronic b	rain s	yndrome					Unkr	nown	
stating the u	diate couse (a),(nderlying couse(DUE TO, OR	AS A CONSEQUENCE OF									
lost.)	(c)	Generaliz	ed art	erioscle	erosis				Unkr	nown	
PART 2. OTHE	R SIGNIFICANT CON	IDITIONS CONTRIBU	JTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CON	DITION GIVEN	IN PART 1(c)		-	
N. C.												
190. DATE OF C			HICH OPERATION WAS PE	ERFORMED	20o. AUTOP:	NO 🗐		'ES, WERE FI OF DEATH?	NDINGS CON	NSIDERED IN CE	RTIFYING	
₹ □ OR CONTRIBUT	WAS UNDERLYIN ING CAUSE OF DEATH fy medical examin	HOUR A.M.	Month Doy Yeor	21c. H0	OW INJURY OCCU		oture of injury	in Port 1 o	r Port 2, Ite	em 18.)		
21d. INJURY (While No	OCCURRED 21e. t while 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LC	OCATION Street	or R.F.D. No.	City o	r Town	8.1	County	Sto	te
22a. I cert saw ti	fy that (1) (thi	ive an 18	ended the deceas March (did not) view the	19 <u>82,</u> and	d that in my	, 19 <u>76</u>) (our) apinio	, ta <u>18</u> an death ac	Marcl curred or	n, 1982 the date	2, that, e and haur o	(we) and fram	last the
22b. SIGNATUR	Carl	2),4	oum	un DEGR	ATTENDING PHYS.	MED.	CTOR	STAFF PHYS.	_	March,	1982	
22d. PHYSICIA NAME (Ty	pe) Carl		nann, M. D	•	22e. ADDRI 4404	Queens				rdale,	Md.2	073
230. BURIAL, CREMA REMOVAL (Spe			23c. NAME OF				23d. LOCATION			(County)	(Stote)	
200	- 1200	rch/23/8		ton Na	tional	Cemeter						,
24. FUNERAL DIREC			ADDRESS		2	So. RECORY 3	EGISTRAP	39th AREC	RSTRARS	GNATURE		
Chambers	Funeral	Home R	iverdale.	Maryla	nd	DATE	0 1002	2000	~~ D~~	say in	when	

Riverdale, Maryland

VR A15 (4) 45M - 1/69

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, anaxia and within 72 hours



STATE OF MARYLAND							
STATE OF MARILAND	0.5	A 10	0	39	-	- 1	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2º	U	/	1	- 1	- (
CERTIFICATE OF DEATH		014 020					

ved.	1 -	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	1 7	1 8
N O		CEASED NAME FIRST	WIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HC	
i d	1	RUTH	ODUM	SE	YMOUR	March !	, 1982	2:	25 PM
שרע	3. SEX		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIR			DER 24 HRS
S		Female	Black	Octo			YRS		S MIN
0		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF	DEATH	
C O	P	ennsylvania	United States	WIDOWE	D DIVORCED	Prince (Georges	j	MD.
oun		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 4911 Winthrop	ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Owner/Da	OF WORKING LIFE)		
	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE				La FIQ	essing	LILI
I'O		laryland Princ			134 INSIDE CITY LIMITS?	130 STREET ADDRESS 4911 Wil	nthrop	Avenue	
and a	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
C C		Charlie	Odum		Beatrio		land		
2 5	16a V	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	RITY NO	17 INFORMANU911	Winthrop	[£] Avenue	, Oxon	Hill
ami		No		-5040	Gwendolyn	Treadwel:	l (daugh	ter) Mar	rylan
EXa		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (b) BY. TE CAUSE (o) LARYN (1011 605P	24SM.			BETWEEN ONSET A	TERVAL NO DEATH
edical		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE						
o.W.o.	NOI	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N PART 1(o)	
U U	3	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS US G CAUSES OF DE NO	ATH?
ez.P	CAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 210 PLACE OF INJURY	19	211 LOCATION				
ique	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN (COUNTY	STATE
odri		saw the deceased alive on	atal) attended the deceased from	82.00	d that in (my) (Supplinion	. 10	ate and hour on	d from the couses	
R. R.		278 SIGNATURE	m	1	ATTENDING PHYSICIAN	MEDICAL STA		6 MAAC	- W.
Z		24 PHYSICIAN'S NAME (TYPE OF	IR PRINT)		22e ADDRESS		Ma	ryland	2074
Ž.		Philip Wis	otsky, M.D.,P	.A.	6188 Oxon	Hill Roa			
2	00 0		100 D 170	LANC OF C		TABLE OCCUPIONS			

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3/11/82

Pennsylvania STATE 1, Delaware County, 234 NAME OF CEMETERS OF GREWATORY
Glenwood Memorial CITY OR TOWN rial | Broomall, Dela |250. DATE REC'D. BY REGISTRAN REGISTRANS

^{14 FUNERAL DIRECTOR} LATNEY'S Funeral Home 3831 Georgia Avenue, NW; Washin Georgia Avenue, NW; Washington, DC

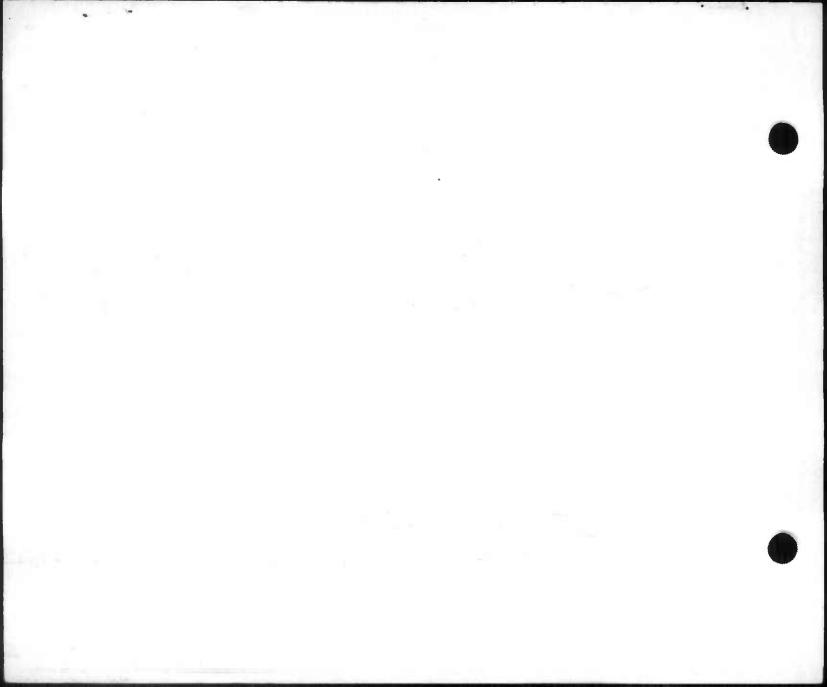
1982

DHMH-16 20M (VRA 15, 4) 7/7B

should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygie MPORTANT: If hem 21 is marked or Hem 18

TO FUNERAL DIRECTOR

eased



						STATE OF					.01.	-	1
1	FOR STATE				DEPARTMENT					3 2	0	1 9	1 9
	REGISTR	RAR		N	NEDICAL EXA	AINER'S		CATEO	F DEAT	KEC.	. NO.		
	TYPE OR PRINT		FIRST		MIDDLE		LAST		20.	DATE KNOW	MINOW X	DAY YEA	2b. HOUR
			MARY		E. 5	HEPHARI)			DEATH MATER	3-1	26 1982	2 ^
3. 9	SEX	4. R	ACE	S. DATE OF BIR	TH 6. AGE		NDER 1 YR.	IF UNDER		DATE	HTHOM	DAY YE	6:56
	FEMALI		LACK	12-29-	29 52	YRS.	DATS	HOURS	MIN. IF IN	DEADA	3-1	26 182	AA
10	BIRTHPLA FOREIGN COI	CE (STATE	FACE	76 CITIZEN OF	WHAT COUNTRY?	8. MAR	RIED NE	EVER MARRI	ED X	BALTIMORE-CI	TY OR COUN	NTY OF DEATH	
	TOREISIA COI		Id.	U.	S.A.	WIDO		DIVORC		rince	Georg	e's	WE
10.	CITY OR T	OWN OF	DEATH		OSPITAL, NURSING		HER INSTITU	MOITL	12a. USUAL	LOCCUPATION	TYPE OF WORK		BUSINESS
	Chev	rerly	7	-			HOSPII	TAL	Un	employ	ed	None	
	UAL RESID	ENCE (FI	NURSING HOME O	OR OTHER INSTITUTION	I GIVE RESIDENCE BEFORE A	MISSION			Ina STREET	TANNESS			
130	STATE	Md.	138. COOK	P.G.	Landov	er	YES X	NO 🗆	3410	Dodge	Park	Rd.#	301
14.	FATHER'S	NAME		MIDDLE			15. MOTH	IER'S MAIDE	NAME	WIDDLE		LAST	
	W11	liar	n	MIDDLE	Shephar	-	Man			S.		Deal	
160		EASED EV	VER IN U.S. AR.	MED FORCES?	16b SOCIAL SEC		17. INFOR		BAR	ADDI			
	No. OR	UNKNOWN	(IF YES, GIVE	WAR OR DATES)	UNKNO	NA	Mary	v Que	en-S	ame as	13 a	bove	
=		USE OF D	EATH (Enter on		line for (o), (b), and (c								ATE INTERVAL
	PA	RTIDEAT		D D11	IZURE DISC							BETWEEN OF	SEI AND DEATH
	17	80	3 IMMEDIA		OR AS A CONSEQUE								
			if ony, which										
	co	use (o) sto	to immediate		OR AS A CONSEQUE	VCE OF							
	lyi	ng couse l	ost.	(c)								11.00	
	PART 2 0	THER SIGNIF	ICANT CONDITIONS	(-/	ATH BUT NOT RELATED TO TH	E TERMINAL DISE/	SE DR CONDITIO	ON GIVEN IN PA	RT 1 (a).				
2	5												
ATA	190. DA	TE OF OP	ERATION	19b. CON	NDITION FOR WHICH	OPERATION '	WAS PERFOR	RMED?			100	20. AUTOP	SY?
7131	1			The Sa								YES [NO DX
OCTA DISTRICT	21a. EX	TERNAL C	AUSE WAS		OF INJURY	21c. 1	HOW INJURY	Y OCCURRE	D (ENTER NAT	TURE OF INJURY IN ITE	M 18 PART 1 OR I	PART 2)	
		REVING	OR CAUSE OF		A.M. MONTH DAY P.M.	YEAR							
7100		JURY OCC		21e PLAC	CE OF INJURY (AT HO	·	DCATION		4.75				
0.0	AT WO		T WORK	STREET,	FACTORY, FARM, ETC.)		STREET			CITY OR TOWN	-	OUNTY	STATE
				an of the same	described above 1.1	A. A.	nc.	Inspectio		Inquire.	and in m	opinion	V-3-1
	1			- 57	described obove, held	17	7		/ \	Inquiry X,	ond in my	оріпіол	
	deoth	resulted f	nom: Nestu	red emuses X.	Accident .	Suicide L.	, Homi		Undeterr	mined monner			
	ACTUA	0	Louis	70 XX	Lechel	/	DEP	EPTCYY)			DATI		2
	SIGNA	III ENCE	7	1	11/1		M.D		MEDIC	AL EXAMINER	SIGN	VED	
		NER'S NA	(AUGUST	O P. ROL	DRIGHEZ 4	M.D.	_ADDRESS_	5009	RAYBU	JRN CT.	CAMP S	PRINGS	, MD
23			N.REMOVAL I	23b. DATF	23c NAME C	F CEMETERY	-	ORY	123d. LOC	ATION		20748	
	(St'ECIFY)	-	ial	3/30/8			em. I		CITY OR	ghland	Park	YAU	STATE
24	. FUNERAL	DIRECTO	R					1250 DATE	REC'D. BY RI		REGISTRAR'S	SIGNATURE	260,00
	H.S.	WAS	HILLGTOR	U+ SONS	4925 BU	RROUGHS	AK.N.	E #	LKT	1304	, com	0	Selection.
_													

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SE-32-E YTIFEK

BOULETO P. ROUNTERELL/ NUD. SOUS ANYTHER OF LIVE SPRINGS ... 188

uriel 3/30/82 Hermonn her. Lene Histhians lank, Md.

the attending physician and campletely filled in by the funeral director, remove carbanpapers. Pages 1 and 2 shauld be

IMPORTANT: If them 21 is marked or Item 18 shaws ony injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove carban papers. Perith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

1-	FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	43	0	7	1	2	U

				REG. NO				
DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	AONTH [DAY YEAR	26. HOU	R
ANDRE	W Warren	SHOWS		MAR	CH 14	, 1982	7:31	AM
3 SEX	4 RACE	S. DATE OF BI		6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR		
MALE	WHITE	SEPT	12 1926	55	YRS.	AONTHS DAYS	HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR		OF DEATH	1	
MISSISSIPPI	USA	WIDOWED		PRINCE GEO	RCES	COUNTY		MD.
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR O		12a USUAL OCCUPATIO	N	126. KIND C	OF BUSINE	
ANDREWS AFBS	MALCOLM GROW U		FN	USN/RET	WORKING LIFE	MILI'	TARY	
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		A		114 134	LILL	
MARYLAND PRIN			INSIDE CITY LIMITS?	6900 Coolr	onbi	מת		
MARILAND ERLN 4. FATHER'S NAME	CE GEORGES CAPIL		MOTHER'S MAIDEN NA		rage	DIX		
FIRST	MIDDLE LAST		FIRST	MIDDLE	7.7	ADDED	51	
LEON 60. WAS DECEASED EVER IN U.S. A	SHOWS RMED FORCES? 166 SOCIAL SEC	LIBITY NO. 17	ESTELL INFORMANT	ADDRES		ARPER		
(YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)						fu	
YES 194	4-19513 427-38-	7083	URSULA A SH	10WS/6900 Co	olrid			
PART I. DEATH WAS CAUS	only ane cause per line lar (a), (b), a	nd (c)	1	,	11/10/2	BETWEEN	ONSET AND	DEATH
	ATE CAUSE (a)	diopul	monary A	rrest				
4100	DUE TO, OR AS A CONSEQU	JENCE OF						
Conditions, if any, which	(b)	Myoc	undial =	Interction				
gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSTON							
underlying cause last	DUE TO, OR AS A CONSEQU		CLUCION JEA	FT CORONARY A	PHELY	/		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO					ENI INI DADT 1/	0.1	
Z			THE TO THE TERM	THE DISEASE ON COIND	11011 0111	ELA HAT MILL II		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED)
E C				YESXX NOT	IN CERTIFY YES	YING CAUSES	OF DE ATH	H?
210. ACCIDENT WAS UNDERLYING	21b, TIME OF INJURY	210	HOW IN JURY OCCURR	RED (ENTER NATURE OF INJURY			NO [1
OR COLUMNIA CALLER OF A	HOUR A.M. MONTH	DAY YEAR	THE	LEMEN ANIONE OF HAJORI	114 11EM 10, FA	ANT TORPART 2]		
(IF EITHER, NOT IFY MEDICAL EXAMIN		19	100111011					
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE,		LOCATION	CITY OR TOW	N	COUNTY	51	ATE
WHILE NOT WHILE AT WORK					la la la			
220-1 certify that (1) (this hosp	oital) attended the deceased Iram.	13 MAR	. 19_82	, to	H1	9_82	that (I) (w	e) last
saw the deceased alive a abave, (1) (we) (did) (did n	n 14 MARCH 1982 at) view the body alter death.	, and the	at in (my) (aur) apinian o	death accurred an the date	e and hour	and from the	couses star	ted
226 SKINATURE	1 11	DEG	REE			22c. DATE	SIGNED	
~ Columen	Monum		ATTENDING PHYSICIAN	MEDICAL STAFF		12-1	14-1	82
22d. PHYSICIAN S NAME TYPE	OR PRINT)	220	ADDRESS	CINECION EN THISICIA	W- L	0 /	, ,	
FOWARX	THOMPSON		AC IICATE METO	CEN/AAFB MD	2033	1		
700000	, , , , , , , , , , , , , , , , , , , ,				2033	1		
Burial, Cremation, Remova			TERY OR CREMATORY	1 Arlinote	_ (TTTY.	Vä	ATE
Burial	3-17-82 A:	rlingto	n Nationa	T ALTIDOTO	JII, F	TI.	V S	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

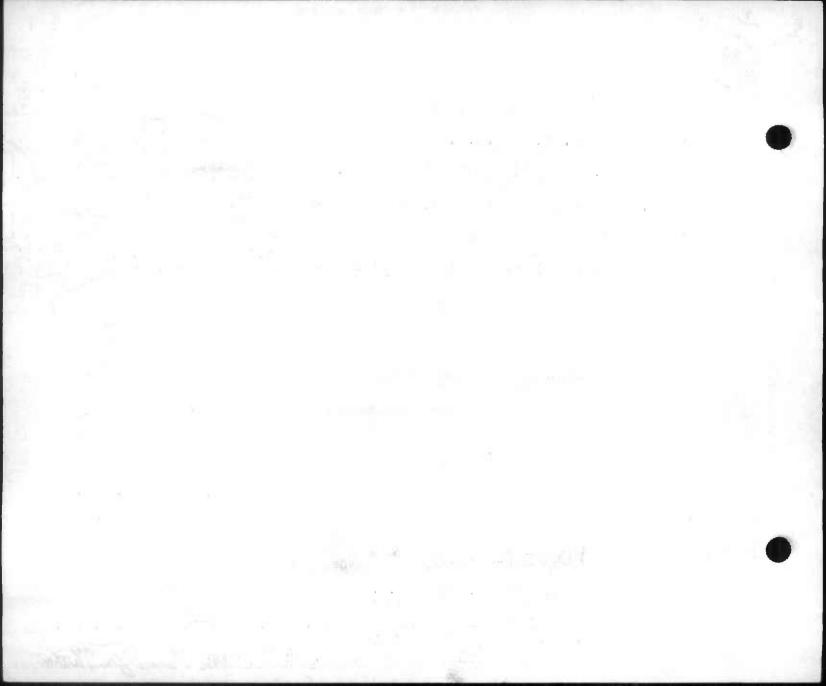
6 50M 1/81 24 FUNERAL DIRECTOR

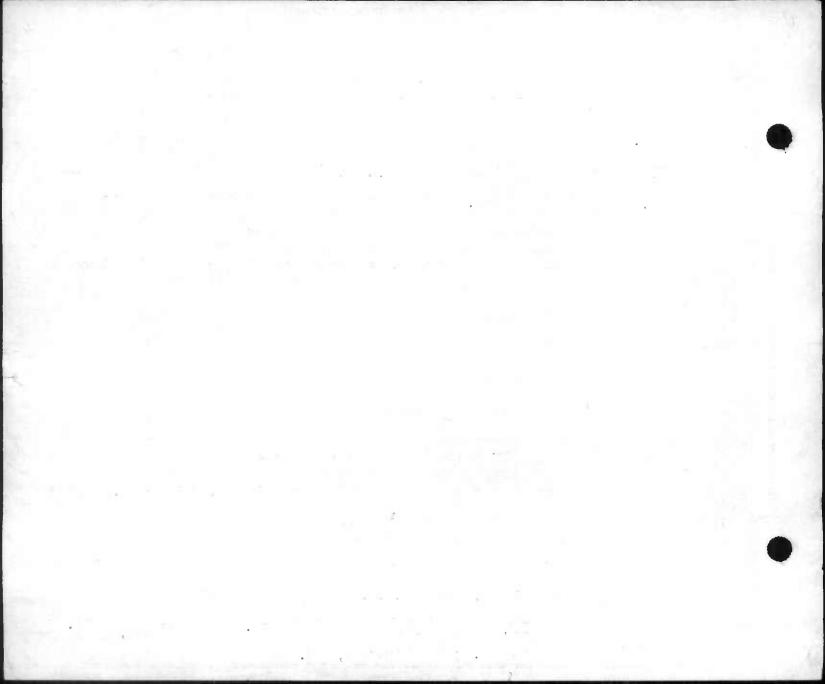
Huntt Funeral Home, Wallorf, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAR 17 1882 Tarres Jan Wathen

Buriet "3-19-52 Arlington Authoral Wallenton, Wal. ... Par Nuntt Funeral Home, saldors, Maryland AMR 15 25





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal. Page 4 may be TTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after Examiner Notified & Released retained by the hospital or attending physician. Medical TO HOSPITAL

BP

DHMH-16 20M (VRA 15, 4) 7/78

FOR

of once.

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examiner must be natified

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR						REG. N			
	CEASED NAME	FIRST		MIDDLE	ï	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
,,,,,	CONTRIVE!	Elza	(N	W.M.I.)	Ska	alde	March 17,	1982		3:54F
3 SE	Х		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	
	Female		White		_	uary 31,1897	84	YRS.	MONTHS DATE	nooks mis
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MADDIE	D NEVER MARRIED	BALTIMORE CITY	R COUNT	Y OF DEATH	
	atvia		Latvi	.a.	WIDOWE		Prince Ge	orge !	s Count	MI MI
10 0	ITY OR TOWN OF DE	EATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12e. USUAL OCCUPAT			OF BUSINESS OR
C	heverly			lontrose			Domestic			e Work
USU 13a	AL RESIDENCE (IF NU STATE	RSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
M	aryland		.G.	Cheverl		YES 📆 NO 🗌	6106 Mont	rose I	Road	- 2
)4. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AÉ MIDDLE		1	TZA
K	arlis			Paucitis		Liza			Kupl	
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI	ESS Add	dress S	ame as
	No			579-42-	4572	Ieva Calitis		No.	# 13e.	
	Conditions, if on gove rise to in couse (a), statumetrlying cous	nmediate ing the	DUE TO, OF	R AS A CONSEOU				-07		
TION	gove rise to in couse (o), stot underlying couse	nmediate ring the se last. GNIFICANT (DUE TO, OI	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERMI				
IFICATION	gove rise to in couse (a), stat underlying cous	nmediate ring the se last. GNIFICANT (DUE TO, OI	R AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
ERTIFICATION	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIG	nmediote ling the se lost. GNIFICANT (DUE TO, OI CONDITIONS CC	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERT)	ES, WERE FIND BEYING CAUSE ES	PINGS USED ES OF DEATH?
AL CERTIFICATION	gove rise to in couse (a), statunderlying couse (b). PART 2 OTHER SIGNATURE OF OPER 210. ACCIDENT WAS UITOR CONTRIBUTING	ATION NDERLYING CAUSE OF DEA	DUE TO, OI CONDITIONS CO 196 CONDIT BLACE 216. TIME O HOUR A.	R AS A CONSEQUENT OF THE CONTRIBUTING TO THE CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION OF THE CONTRIBUTION OF	DEATH BUT		20a AUTOPSY? YES NO	20b. IF YE IN CERT)	ES, WERE FIND BEYING CAUSE ES	PINGS USED ES OF DEATH?
	gove rise to in couse (a), stot underlying couse PART 2 OTHER SIC DIPER SIC	ATION ADDRESS OF DELICAL EXAMINER;	DUE TO, OI CONDITIONS CC IPL CONDITIONS ATHERITATION 21b. TIME O HOUR A 21c. PLACE	DATRIBUTING TO ITION FOR WHICH OF INJURY M. OF INJURY	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION	200 AUTOPSY? YES NO.	20b. IF YE IN CERTA	ES, WERE FIND FYING CAUSE ES PART 1 OR PART 2)	DINGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	PART 2 OTHER SIC	mmediate ring the se last. GNIFICANT (ATION NDERLYING [CAUSE OF DE. ICAL EXAMINER] RRED WHILE [DUE TO, OI CONDITIONS CC IPL CONDITIONS ATHERITATION 21b. TIME O HOUR A 21c. PLACE	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERTA	ES, WERE FIND BEYING CAUSE ES	PINGS USED ES OF DEATH?
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and to complete the second of
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

FOR STATE CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REG. NO.	
MIDDLE	LAST		DAY YEAR 2b. HOUR
ARD SMITH JR		MARCH 9, 1982	5:41 am
4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
BLACK	MARCH 9, 1982	YRS	1 17
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		IN CERTIF	YING CAUSES OF DEATH?
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		CITY OR TOWN	COUNTY STATE
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at) view the bady after death.		n death occurred on the date and hour	
de		MEDICAL STAFF	22c. DATE SIGNED
mo mo	PHYSICIAN	DIRECTOR PHYSICIAN	amarez
Same	22e. ADDRESS		
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TENBERG, CAPT,	USAF, MC MALCOLM GE	ROW USAF MEDICAL (ENTER, AAFB, N
	USAF, MC MALCOLM GENATORY		COUNTY STATE
	ARD SMITH JR 4. RACE BLACK 7b. CITIZEN OF WHAT COUNTR UNITED STATES 11. NAME OF HOSPITAL, NURS: (IF NOT IN SUCH FACILITY, GIVE STRI MALCOLM GROW U DROTHER INSTITUTION GIVE RESIDENCE BEF INTY RALE CAUSE (a) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 19b. CONDITION FOR WHICE 19c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM) 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIALISM)	ARD SMITH JR 4. RACE BLACK MARCH 9, 1982 7b. CITIZEN OF WHAT COUNTRY? WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MALCOLM GROW USAF MEDICAL CENTER DROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) INTY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? GEORGE'S FORRESTVILLE YES NOW MARINE CAI MARINE CAI SMITH RMED FORCES? INE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M. 21c. HOW INJURY OCCU STREET, FACTORY, OFFICE, FARM, ETC.) AMAR 9 19 82 ONLY ONLY ONLY OF PICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN DEGREE ATTENDING ATTENDING PHYSICIAN DEGREE ATTENDING ATTENDING PHYSICIAN	ARD SMITH JR 4. RACE BLACK BLACK MARCH 9, 1982 7. LOTIZEN OF WHAT COUNTRY? 8. MARCH 9, 1982 7. LOTIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTRY PRINCE GEORGE 'S PRINCE GEORGE'S 12. LUSUAL OCCUPATION 12. LUSUAL OCCUPAT

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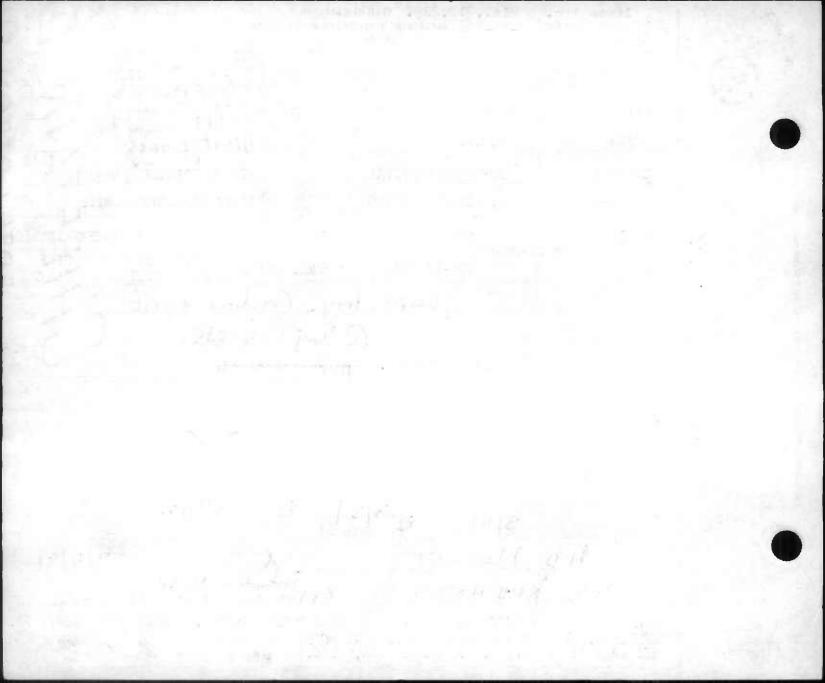
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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Pege

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	3 SE)	and the second second	4 RACE		5. DATE O		6. AGE (IN YE	RCH 4,	IF UNDER 1 YE	
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The law requires that the death certificate be executed within 24 hours aft TD HOSPITAL OF ATTENDING PHYSICIAN: retained by the hospital or attending physician.

Page 4 may be

4	1.	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	ILENE 8 2	0	7	2 6
	I. DE	CEASED NAME ORPRINT)	FIRST		MIDOLE	ı	AST	24 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
F 19			JOHN		HOMAS		JDER		ARCH 1		3:50 M
	3 SE	Male	4	White		5 DATE C	4,1890 YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	HOURS MIN.
11 35		RTHPLACE (STATE OR FOR OUNTRY) Maryland	IEIGN 76	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	PRINCE GEO			MD.
P4	10 C	Laurel		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION VILLE HOSPITA	12e USUAL OCCUPATION OF WORK FOR MOST OF CAPPENTER	F WORKING LIFE	INDUSTRY	F BUSINESS OR truction
and the state of t	13a. S	AL RESIDENCE (# NURSIN	Howa T	THER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOW FULTON	ADMISSION)	136 INSIDE CITY LIMITS?	13. STREET ADDRESS	en Str	reet	
PSC PBC	14 FA	THER'S NAME FIRST Ja	cob	Sou	der		Joanna Mu	MIDDLE		LAS	ı
Pages 1	(60. V	VAS DECEASED EVER II	U S. ARMI	ED FORCES? AR OR DATES)	21.9 03 6		Phoebe Thomp	son same a	ss anov	re	
n signed by the attending phys hen please remove carbon pape r to burial, cremation, or remov ny injury, or other traumatic ev	NO	Conditions, if any, gave rise to immicause (a), stoting underlying cause	which ediote the lost	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	Cardia RAS A CONSEQUE FRAS A CONSEQUE Blado	NCE OF	Carcino NOT RELATED TO THE TERM		DITION GIVE		MATE INTERVAL ONSET AND DEATH
n. ate has bee to permit. T giene prior 8 shows ar	CERTIFICATION	(9a DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
rending physician. After this certificate the burial-transit per and Mental Hygier harked or Item 18 si	MEDICAL CER	216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICAL 216. INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	AUSE OF DEATH EXAMINER)	P.I	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TOW		COUNTY	STATE
TO FUNERAL DIRECTOR: A should be detached for use as t with the State Dept. of Health IMPORTANT: If Item 21 is m		220-1 certify that (1) (sow the decease obove, (1) (most (d) 220-540773TURE PLYSICIAN'S NAI 120-748. PHYSICIAN'S NAI	this hospital d alive an_ d) (did-not)	3//2 view the body	19_6	h-	d that in (my) (and opinion DEGREE ATTENDING PHYSICIAN (220 ADDRESS 3450 Fr Med		F		
BP		BURIAL, CREMATION, R SPECEY) Burial	EMOVAL	236. DATE March	1.5,1982		EMETERY OR CREMATORY nanueal Cem	23d LOCATION CITY OF TOWN Scaggsvi	11e,	утицо.	STATE
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FOR STATE

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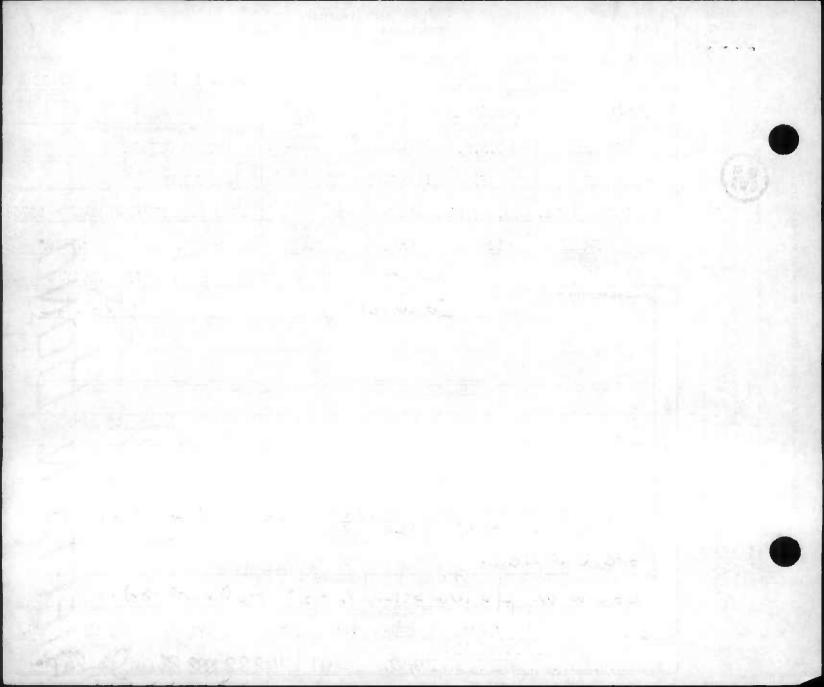
STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	0	7	9	2	
CERTIFICATE OF DEATH		REG. NO.					

REGISTRAR				CEKIII	ICATE OF DEATH	REG. 1	10.			
I. DECEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH		DAY YEAR	2h HOUR	
	RUTH		М.		SOUDER	MARCH 9,	1982		11:30	AC
3 SEX		4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAY		MIN.
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OUNTRY)	TF OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
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10 CITY OR TOWN OF	E	(IF NOT IN SUC	700 BELL	STATI	ON ROAD	(TYPE OF WORK FOR MOST HOUSEWI	OF WORKING		OF BUSINESS	SOR
JSUAL RESIDENCE (# 130. STATE MARYLAND	13b COU PRI.	NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 5700 BEL	L STA	TION RO	AD 2	076
	AMES	RICHI	MOND H	ALL	15. MOTHER'S MAIDEN NAV	MIDDLE R		ı	HILTON	I
60 WAS DECEASED E		MED FORCES?	166 SOCIAL SECUI	NO YIII	17 INFORMANT	ADDI	ESS		-1, -1	(A)
NO			577-30	-9756	PAUL W. SOU	DER SAM	E AS	13 HL	ISBAND	
PART I. DEAT Conditions, if gave rise to cause (a), underlying c PART 2 OTHER 190. DATE OF OF	any, which immediate stating the ause last. SIGNIFICANT	DUE TO, O DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH (NCE OF MCE OF EATH BUT DPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF Y	IVEN IN PART ES, WERE FINE IFYING CAUSI YES	DINGS USED ES OF DEATHS	4
21d INJURY OC	MEDICAL EXAMINE	P. PLACE		19	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STAT	TE .
220 I certify the	ceased alive a	2/	e deceased fram 2-3 19 8 after death.		d tho (in (my) (aur) apinion of	, ta3 { death occurred on the c	alate and ho		that (I) we see causes state) last
Kei	i w	Hame	u		ATTENDING _	MEDICAL STA				
22d PHYSICIAN	in w	· HR	Nu ps	3-4	22e. ADDRESS	Bolese	5) B	0.		
30. BURIAL, CREMATI (SPECIFY)	ON, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STAT	The state of the s
BURIAL		3/12		EDAR	HILL CEMETERY			PRI GE		D.
4 FUNERAL DIRECTO	FRANC:	IS J. CO	LLINS		250. DATE	E REC'D. BY REGISTRAI	25b. REGIS	STRAR'S SIGNA	ATURE	
500 UNIV.	BLVD	U. SILVE	R SPRING,	MD.	20901 MA	R 2 2 1982	Victore	62 Jan	1 keithe	-

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the med



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.			
L DECEASED NAME	FIRST		WIDDLE	i.	AST	20. DATE OF DEATH	MONTH	DAY YEA	R 2b HC)UR
(TYPE OR PRINT)	Mary E. Spooner		ooner		3 2	26 82	3	- hi		
3. SEX		4. RACE		5. DATE OF BIRTH MONTH Sept. 26 1900 (? B MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCE		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 Y		ER 24 HRS
Female		Cauc.		-		81	YRS.	MONTHS DA	HOURS	MIN.
O. BIRTHPLACE (STATE COUNTRY) North Caro			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT		1	M
O. CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSING PACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON	126 KIN	D OF BUSIN	
Forestville						nousewire		at	Home	
13a STATE	13b COUN		Oxon Hil	N		13e. STREET ADDRESS 7907 Ind	ian H	ead H	ghwaj	Ţ
4 FATHER'S NAME Catar		MIDDLE	Justice	•	15. MOTHER'S MAIDEN NA Minnie	WE		Mo	orton	
60 WAS DECEASED E		MED FORCES? /E WAR OR DATES)	578-40-		Minnie M. Ow		ndian	Head	-	vay
18 CAUSE OF DI PART I. DE AT	H WAS CAUSE	D BY	line for (a), (b), on	d (C)	1 - 1 - 1	a		BETW)	ROXIMATE INT	ERVAL ND DEATH
1100	IMMEDIA1	TE CAUSE (0)	ances	inc	e of man	7		1	mo	
162	7	DUE TO, O	R AS A CONSEQUE	NCE OF		J				
Conditions, if gove rise to	immediate	(b)_						-		
underlying co	oting the	DUE TO, O	r as a conseque	NCE OF						
	IGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	OITION GI	VEN IN PAR	110	
190 DATE OF OPI	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIN		
Ē		The second				YES NO		ES 🗍	NO	
OR CONTRIBUTION	CAUSE OF DEA	AIN	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART T OR PART	2)	
(IF EITHER NOTIFY			M.	19	AN LOCATION					
WHILE NO	WHILE WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY		STATE
sow the dec	eased alive on	71	de deceased from		nd that in (my) (aur) opinion	to Must death occurred on the de		ur and from	_, that (I)	, ,
22b. SIGNATURE			10		DEGREE			22¢ D	ATESIGNE	0.7

with the State Legister Land 18 shows ony IMPORTANT: If Item 21 is marked or Item 18 shows ony retained by the haspital or attending physician. BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by th should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, ar other troumatic event, the

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 3/29/82

22d PHYSICIAN'S NAME (IVPE OR PRINT) Robert M. Nedzbała, M.D.

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d. LOCATION
CITY OR TOWN
Brentwood

Indian Head Highway, Washington, Maryland

MEDICAL STAFF DIRECTOR PHYSICIAN

THE BUILD

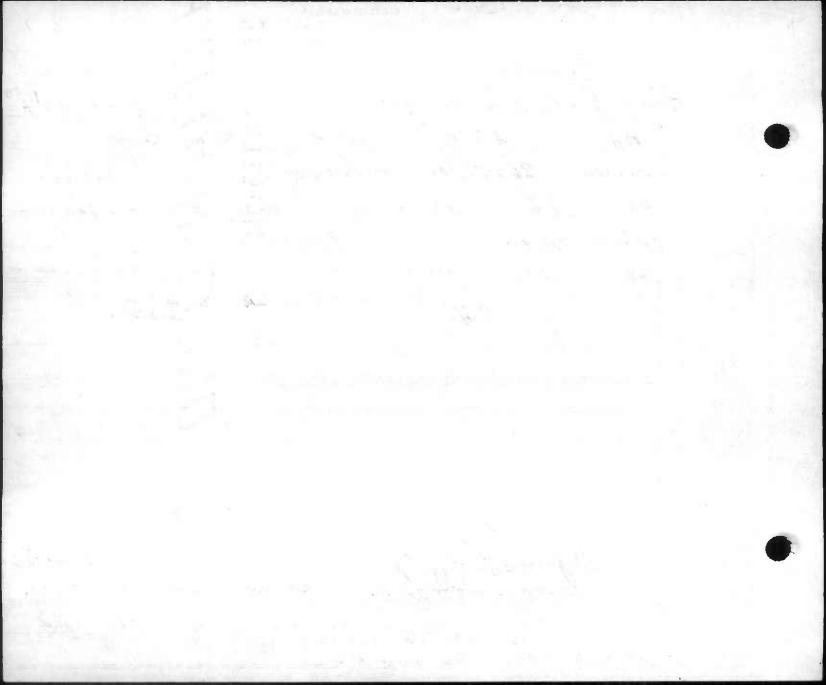
24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. George P. Kalas Funeral Home

Oxon Hill, Md.

ATTENDING PHYSICIAN

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Chambers Funeral Home Riverdale, Maryland

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS CHARLES SPRINGER SR. 03-16-82 7:07 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS MONTH White Male April 14. 76 To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S Tennessee U.S.A. DIVORCED WIDOWED MD 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL CHEVERI Y Baltimore Tran Bus Driver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
132 CITY OF TOWN 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Lanham 742 Finns Lane Maryland Co. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Murrell Springer Jasper Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Katherine St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No None Brannon/Daughter Brunswick, Maine APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b. PART I. DEATH WAS CAUSED BY Thurseller IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STREET STATE NOT WHILE WHILE 220.1 certify tho (1) this hospital) attended the deceased from sow the ceosed oli and that is (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ravite on 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE 23d, LOCATION (SPECIFY) Buria] Union Cemetery Dickson. Dickson Co. Tennessee 24 FUNERAL DIRECTOR 29 DATE CO BY PECTATRAL AND THE SALES STATUS

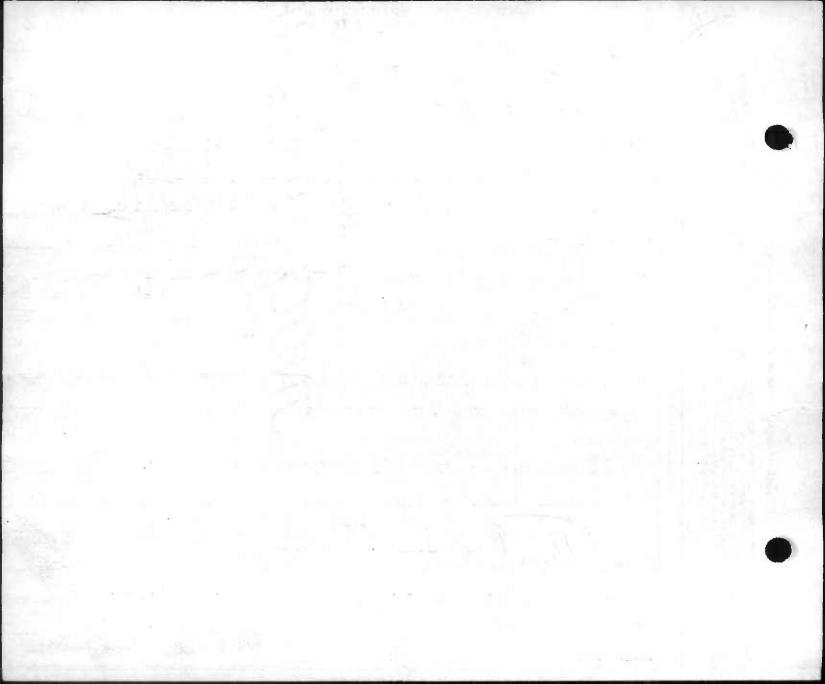
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5		FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H R'S CERTIFICATE O	100 1100	07931
(M)	1. DE	CEASED NAME FIRST	dom	MIDDLE	C+ ormook	20. DATE KNOWN A OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
SARY, REA AL DIRECTO PYOUR FI HIN 72 HE U	H B	le Caucasiar	S. DATE OF BIRTH	YEAR LAST BIRTHDAY 1917 64 YRS HAT COUNTRY?	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	MONTH DAY YEAR 74 HOUR 7:56
S FINE	Pe	nnsylvania ITY OR TOWN OF DEATH	U.S.A.	SPITAL NURSING HOME.	WIDOWED DIVORC		PE OF WORK 12b. KIND OF BUSINESS
19 B	£	Clinton AL RESIDENCE (IF IN NURSING HOME	Southern	ACILITY, GIVE STREET ADDRESS) Maryland Ho	spital DOA	Painter	OR INDUSTRY Painting
AND 3	Ma	ryland Pr. (113r CITY OR TOWN	Igts YES X NO		rd Parkway
RE, MD	9	John	WIDDIE	Sternack	15. MOTHER'S MAID	MIDDLE	Tober
ALTIMO AFTER E SIVE PACE TH FORM MAGES I		NAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVI	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY		2009 Bo	order Dr.
201 W. PRESTON ST., B TITED WITHIN 24 HOURS N. PARINER ALCOSE WIT AL. TRANSIT PERMIT IN MENTAL HYGEINE, DIN ON, OR REMOVAL		Conditions, if any, which gave rise to immediate couse (o) stating the <u>under</u>	D BY: ATE CAUSE (o) DUE TO, OF (b) DUE TO, OF			scular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 201 V D BE EXECUTED PENDING" IN PI MEDICAL EXA AS A BURIAL- ALTH AND ME CREMATION, 0	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a)	
TALR HOUSED OF HE	IIFICAT	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY? YES NO X
CERTIFICATE SPITION OF VI	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	A. MONTH DAY YEAR A. 19		ED (ENTER NATURE OF INJURY IN ITEM 18	
DIVISION TATE, WRITING THE FORWARDED TO OR: PAGE 3 SHOU HE STATE DEPART IND, 21201 PRIOR	MED	218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST	2	22ª I certify that I took char death resulted from: Note ACTUAL SIGNATURE EXAMINER'S NAME AUGUS (TYPE OR PRINT)	ural causes X,	scribed above, held on Accident , Suici	M.D. Deputy	Undetermined monner MEDICAL EXAMINER ayburn Ct., Can	DATE SKONED 3/22/1982 The Springs, Md.
BB————————————————————————————————————	23a.B	URIAL, CREMATION, REMOVAL SPECIFY) Burial			TERY OR CREMATORY Run Union Ce	23d LOCATION CITY OF TOWN Vanderbilt	COUNTY STATE Pennsylvania
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 F	UNERAL DIRECTOR NAME CAGE P KALAS	F4 6160	OKONHIII Ra	Oron Hill 25a. MA	RECE BY REGISTRAR 139 REG	ISTRA'S SIGNATURE

10.70 William and Memoria rendered fill-fi-fi

they was a state of the control of the state
15M 2/80

STATE OF MARYLAND



		ATE GISTRAR			DICAL EXA		ERTIFICATE	OF DEATH	REG. NO.	7	9 3	3
	TYPE O	ASED NAMI	Kenneth	(WIDDLE		wart	Or Or	ESTI-	3 18	1982	HOUR M
M	ex al		4 RACE Caucasian		1920 6	YRS. MONT	HS DAYS HOURS	T MIN: PRONC	ATE M DUNCED AD	3 18	4	: 50 D . M
	POR	HPLACE (SI CN COUNTRY) EW Je	rsey	U.S.		8. MARR WIDOV		RCED P	rince Geo	orge	DEATH	MD.
13	Ri	verda	le	(IF NOT IN SUCH F.	CILITY, GIVE STREET	Hospital		120. USUAL OCC FOR MOST OF V Print			CIND OF BUSIN OR INDUSTRY Printing	
	STA		(IF IN NURSING HOME O		13c. CITY OR T		13d. INSIDE CITY LIMITS		Lackawar	na St		
21	Hi	HER'S NAME FIRST riam		MIDDLE	Stewart		15. MOTHER'S MA		MIDDLE	Mogg	LAST	
160.	WA WA	S DECEASEI O, OR UNKNO	D EVER IN U.S. ARA OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	213 82	1646	Lois	Stewart	Same 8	s #13		
NOIL		gove ris couse (o) lying cou	ns, if ony, which se to immediate stating the <u>under-</u> use lost.	(b)	AS A CONSEQUE	UENCE OF	disease	N PART 1 (a				
FICATI	T	9a. DATE OF	OPERATION	19b. COND	TION FOR WHIC	H OPERATION W	'AS PERFORMED?			20	AUTOPSY?	NO ŽÃ
MEDICAL CERTIFICATION	2 U C	INDERLYING	AL CAUSE WAS OR NG CAUSE OF E		MONTH DAY	YEAR 21c. H	OW INJURY OCCUR	RRED JENTER NATURE OF	F INJURY IN ITEM 18 PART	1 OR PART 2)	162 []	NO Z
MEDICA		MHILE AT WORK	- NOT WILLIE	21e PLACE STREET, FAC	OF INJURY (AT TORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY		STATE
	A S	22a. I certification of the control of the certification of the certific	Chile	ol couses A,	Accident D	Suicide M	Homicide TITLE (SPECIFY) Depu	. Undetermined	monner ,	SIGNED	/19/198	
	(SPEC	Cren	nation 2			OF CEMETERY C	r CREMATORY Funeral	23d. LOCATION CITY OR TOWN	Alexandr	county	STATE	
		ERAL DIREC	s Sons,	D A HAYS	ttsvill	o Ma.	25a. DA	TE REC'D. BY REGIST	RAR 25b. REGISTR	AR'S SIGNA	ATURE	

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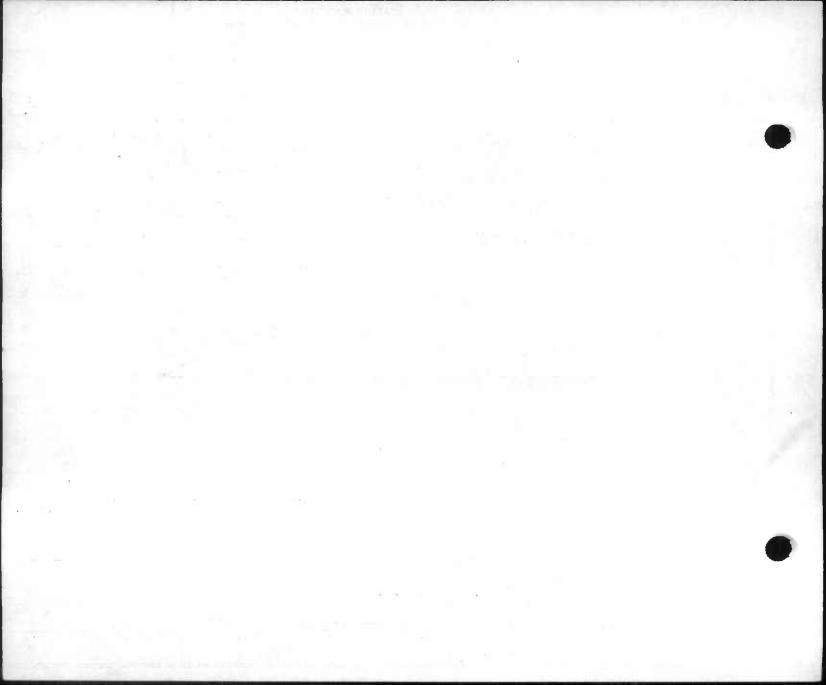
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he funnal excitor page 3 within 72 hours offer death.	3. SEX 3. SEX 10. CITY	PENNI	FOREIGN 7	RET WHI	TE. WHAT COUNT S:A. HOSPITAL, NU	RY? 8. MARRIE WIDOWE RSING HOME C	D NEVER MA	XEAR 6 892 ARRIED 9 ORCED 1	AGE (IN YEAR BALTIMORE 2a USUALO LITYPE OF WORK FOR	S LAST BIRTHD. CITY OR C LUPATION R MOST OF WI	YRS.	DEATH	HOURS MIN.
e executed within 24 hours of and completely filled in by 1 Pages 1 and 2 should be filled medical examinet floor beauti	Ióa WA	RESIDENCE (IF NUR TE GOVIA ER'S NAME FIRST SETH S DECEASED EVER NO OR UNKNOWN)	M IN U.S. ARM	THER INSTITUTION TY NATORU ANDDLE W	GIVE RESIDENCE B	MANO EFORE ADMISSION) FOWN WYTON SECURITY NO.	13d. INSIDE CIT	Y LIMITS? II NO [] MAIDEN NAME RST RRAH	HO4 30. STREET AD 2111	DRESS JEFF	FE	DA DA	wis Hwy
RECORDS, 201 W. PRESTON ST., BALTIN I law requires that the death certificate be so been signed by the attending physician permit. Then please remove carbon papers. For prior to burial, cremation, or removal. **sany injury, or other traumatic event, the max any injury.	NOI	CAUSE OF DEATH V A D Good rise to impose (a), stating rise (b), s	IMMEDIATE , which mediate ng the e last. NIFICANT CO	DUE TO, O DUE TO, O ONDITIONS CO	IR AS A CONSE	OUENCE OF OUENCE OF TO DEATH BUT	MAS PERFORM	VIA		OR CONDIT	Ob. IF YES, W	MG/	
DIVISION OF VITAL AL OR ATTENDING PHYSICIAN: The the hospital or attending physician AL DIRECTOR: After this certificate has briothed for use as the burial-transit the Dept; of Health and Mental Hygier F. If Nem 21 is marked or Nem 18 shares	WEDICAL 22	Q. ACCIDENT WAS UN R CONTRIBUTING (IF EITHER, NOTIFY MED d. INJURY OCCUR WHITE NOT W WORK AT WO Saw the decess obove, (I) Free II	CAUSE OF DEAT HICAL EXAMINER) PRED HILE D) (this hospito sed alive on	P. 21e PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OFF	9 82. , ar	21f. LOCATION STREET	19 8 pr) apinian de	D (ENTER NATUR	E OF INJURY IN	YES [COUNTY	STATE that (I) (we) last causes stated
DHWH-19 30W 5/80 (AKY 12' 4)	(SPE	TREDER	REMOVAL AL	23b. DATE 3-29 F. Hom	-82 CofADDRE	GATE	201. EMETERY OR CR OF HEAM D. C.	EN CEM	23d. LOCATION SILVER	IER	Sprin.	200	md.

The state of the state of HARRY WILLIAM X PRINCE GROUPE, I HYATTSUME CHERCH THORE N. H. MAYSCHOPE Vermin Appropria Actington X 3111 JOSE MEN THUS MAY SETH WALMSLEY SARAH ASTAMES ASTAMES IN THE STAME 5 20/82 BURRY 3-19-83 CENTE OF HEAVEN CEAR SILVER Speing Md. DEVOLVENIE DE HOME UMSH D. C.

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	death	tunes other 72	14	Was

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ADDRE 4 308 Suitland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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1.	FOR STATE REGISTRAR		DEPART		ICATE OF	D MENTAL HYGI DEATH	ENE O	REG. NO	0	1 9	3	Ó
	CEASED NAME FIRST		MIDDLE	ı	AST		2a DATE OF D			YEAR	2b HO	UR A
1		rett	H.	Sto	we	100	MA	RCH	31,1	1482	3,	M
3.56		4 RACE		5. DATE C			6 AGE (IN YEAR	RS LAST BIRTH		UNDER 1 YEAR		ER 24 HRS
1	Male	Whit	:e	Aug	12	1909	72		YRS	NIHS DATS	HOURS	MIN.
7s. 8	INTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	S NIEVE	R MARRIED	9 BALTIMORE	CITY OR		FDEATH		
	ash., D. C.	t	ISA	WIDOWE		DIVORCED	Prin	ce G	eorge	e's		MD.
10. 0	Clinton	Southe	HOSPITAL, NURSI	Tand			TYPE OF WORK FO	CUPATIO	WORKING LIFE)	126 KIND O INDUSTRY	F BUSIN	
IJa.	8.855.8		Suitla	WN _	YES 🗌	NO 🗆	13e STREET AD 3403		lall F	Road		
VI.	ATHER'S NAME PAST Edwin	WIDDLE	towe			r's MAIDEN NAM Dive		MIDDLE	Herbe	ert	ď.	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFOR	MANT	100	ADDRES	S		-	
	NO	IVE WAR OR DATES)	577-07	-7235	Vir	gie Stor	we, Wi	fe,	Same	as A	bov	e
ST HATE	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQU	JENCE OF	NOT PELAT	ED TO THE TERMIN	NAI DISEASE C	OR COND	ITIONI GIVEN	LINI DADT		
THON												
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PER	FORMED	YES N		20b. IF YES, V IN CERTIFYIN YES [NG CAUSES		ATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.	finjury M. month e M.	AY YEAR	21c. HOW	INJURY OCCURRE	ED (ENTERNATUR	RE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE,	FARM ETC	21f. LOCA STR		(CITY OR TOW	7	COUNTY		STATE
	sow the deceased alive a above, (1) (we) (did n	merch 3	19	, or		y) (oo r) apinion d	to Make		e and hour a	nd fram the	causes st	
	22b. SIGNATURE	4,3	- ,		DEGREE	ATTENDING	MEDICAL	STAFF		22c. DATE		
	1/Miliam 1	Cent C	Junt	n	100	THISICIAN	DIRECTOR				1-8	
	William K.		M.D.		9401	Indian	Head	Hwy	, Oxo		0744	
23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 4-3-8		NAME OF C		R CREMATORY Cem.	Sull'E		d, P.0	GUNTY M	ary	land

DHMH - 16 50M 1/81 (VRA 15, 4)

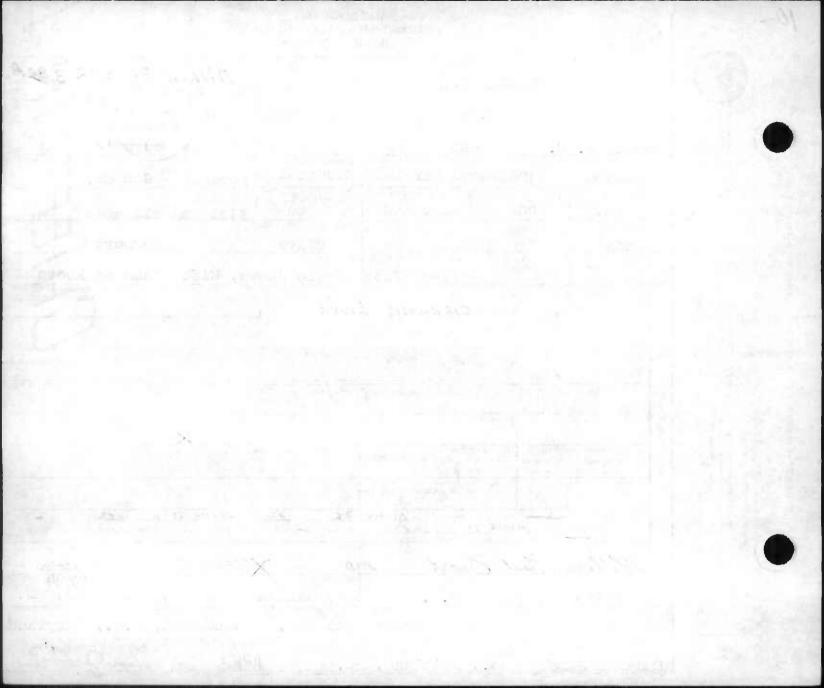
TO FUNERAL DIRECTOR, should be detached for use with the State Dept. of Hea

MPDRTANT, # B

24 FUNERAL DIRECTO RObt E Wilhelm

Funeral Home

Rd., Suitland, Md.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the 9 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	2	0	7	9	3	7
						-

REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. N	0		
DECEASED NAME	FIRST	MIDDLE	- 1	AST	20		MONTH DA	AY YEAR	26 HOUR
(TYPE OR PRINT)	ANDREWS	C	STUA	RT	12	C	3 30	82 7	7:10P.M.
3. SEX	4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	
Male	Caucas	sian	Apr	1 9, 19	08	73	YRS.	ONTHS BATS	HOURS MIN.
BIRTHPLACE (STATE OF	R FOREIGN 76 CITIZEN O	F WHAT COUN	TRY? 8.	D NEVER MARR	1ED 7	BALTIMORE CITY O		OF DEATH	
Mississipp	oi U.S.	Α.	WIDOWE		Da	rince Geor	ges		MC
Clinton	(IF NOT IN S	JCH FACILITY, GIVES	TREET ADDRESS)	ital Cent	(3	usual occupation work for most of the transfer	F WORKING LIFE	INDUSTRY	OF RUSINESS OR Naval Air
	RSING HOME OR OTHER INSTITUTION 136 COUNTY Pr. Geo.		SEFORE ADMISSION)	13d. INSIDE CITY LI.		STREET ADDRESS 9208 St	uart 1	Lane	Stati
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAI		_ MIDDLE	340	LA	(ST
	an Stuart			Mabel	Clift	ton Camp			
(YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT					Run Pkv
No	N/A	1090-0	03-5789	Faith	S. Li	ibelo Be	etheso		
18 CAUSE OF DEA	TH (Enter only one couse powAS CAUSED BY:	er line for 101, (b	, ond ic'h		0 4	DAG.		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
P and	MMEDIATE CAUSE (0)_	CAKI	101/11	MONCHI	My 1	KKES!			
57/3	DUE TO,	OR AS A CONS	OUENCE OF	Ora S		. An. 1		1 3	1
Conditions, if on		CACH	EXIA	1 PALUL	TOX111	MUTE		20	
cause (a), state underlying cous	ing the DUE TO,	or as a conse	EQUENCE OF	IRRHO:	515/1	MINUTE	TUS	54	1PS
PART 2 OTHER SIG	GNIFICANT CONDITIONS O	UNITEDITING	COPD	NOT RELATED TO T	HE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART	10
NO 190. DATE OF CPE	TON CON	DITION FOR WH	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	IT 1 OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHILE NOT WAT WORK AT WORK	RRED 21e PLACE	OF INJURY TREET, FACTORY, OF		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
	(did) (did not) view the bod		Crit am	d that in (my) (our)	82 opinion deor	, to 3 - 3 th occurred on the do	ote and hour		that (1) (we) last couses stated
22b. SIGNATUR	Wilwel I	Leie	re 1	ATTEN PHYSI		MEDICAL STAI		3	SIGNED
22d PHYSICIAN'S N Michael	D. Levine			7801 0]	ld Br	anch Ave	., Cl	intor	n, MD
30 BURIAL, CREMATION Cremation	, REMOVAL 236. DATE 04/0			EMETERY OR CREM. Cremato		Washing	ton, I	Ď Chi	STATE
FUNERAL DIRECTOR Old Alexa	Lee Funerander Ferry	40000		on, MD	250. DATE PE	2 1982	THE PERSON NAMED IN	AR'S SIGNAT	TURE

BP. OHMH-16 50M 1/81 16 63 Old AME Alexander Ferry Rd. Clinton, MD

retained by the hospital or attending physician.

trace of the same to the same of the same and the same of the same For the State of the control of the The Late of Control of the Asset of the Control of The property of the party of th per personal designation of the second of th of the terms weeking in his peak of

MEDICAL EXAMINER: THIS TUTE THE CERTIFICATE, WR EX SHOULD BE FORWAR UNERAL DIRECTOR: PAGE R DEATH, WITH THE STATE IMORE, MARYLAND, 2120	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSERY EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PHILE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. WITHIN A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
MEDICAL EXAMINER: UTE THE CERTIFICATE, E A SHOULD BE FORE UNERAL DIRECTOR; R DEATH, WITH THE SI IMORE, MARYLAND,	DIVISION OF VIT	THIS CERTIFICATE SH WRITING THE WOR VARDED TO THE CH AGE 3 SHOULD BE L TATE DEPARTMENT CE 21201 PRIOR TO BUR	
		MEDICAL EXAMINER: ECUTE THE CERTIFICATE, EC & SHOULD BE FORM FUNERAL DIRECTOR; ITER DEATH, WITH THE S LTIMORE, MARYLAND,	

		FOR			STATE DEPARTMENT OF I	TE OF MARYLAN HEALTH AND ME		NE Z	0793	3 8
		STATE REGISTRAR		ME	DICAL EXAMIN	ER'S CERTIFIC	ATE OF DE	ATH REG. NO	0.	
-		EASED NAME OR PRINT)	AE FIRST		MIDDLE	LAST		20. DATE KNOWN K	MONTH DAY YEAR	R 2b. HOUR
SE WE		. OK TRIPTI	HERMA	N	JOSEPH	TANNER		DEATH MATED	MAR 3 1982	4:08
美雅	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHD)		IF UNDER 24 HRS	PRONOUNCED	MONTH DAY YEA	AR 2d HOUR
O O D A		Male	White	DEC 21	1909 72 YF		HOURS MIN.	DEAD	MAR 3 1982	4:08
SS PAR SE		RTHPLACE (76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED X NEV	ER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH	
品品できょうり		MARYI		USA		WIDOWED -	DIVORCED	PRINCE GE	EORGE'S	JM
2日本が日本	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME	, OR OTHER INSTITUT	ION 12 US	SUAL OCCUPATION (TYP	E OF WORK 12b KIND OF	BUSINESS
ALAEM.	Н	ILLSID	E		GROW MEDICAL	CENTER		OLICE	GOVERM	
N N N N N N N N N N N N N N N N N N N		L RESIDENCE		ME OR OTHER INSTITUTION,	13c. CITY OR TOWN		TV 1 111712 112 - 61	TREET ADDRESS		
AND AND FET FET FET	130. 3	MD		NCE GEORGE	HILLSIDE	YES 12		25 NOVA AVE	#102	
ALF. F	14. FA	THER'S NAM				15. MOTHE	R'S MAIDEN NAM		LAST	
PM PM ND	TH	IOMAS		HUGH	TANNER	HELE		VIRGINIA	CASHMA	AN
20 × 20 -	16a V	AS DECEASI	ED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURIT			ADDRESS		
WE F		ES, NO, OR UNKN		8-1945	226-01-472	DOTS	STE M. T/	ANNER/WIFE S	Same as #13	
NITH PARTIE				anly ane cause per					The contract of the contract o	ATE INTERVAL
L KW 18		PARTID	EATH WAS CAL	JSED BY:	a petro a	Thenose	lecotre	Cardy	anutot	SET AND DEATH
SA SEE SEE SEE SEE SEE SEE SEE SEE SEE S		35	1) 17 IMMEI	DIATE CAUSE (a)	R AS A CONSEQUENCE	OF C		dir	care	5-3-1
EAC LEACH			ons, if ony, wh							
NAT A S			rise to immedi a) stating the und		R AS A CONSEQUENCE)F				
N AL-		lying co	use last.						3.0	
AAND AAND AAND		PART 2 OTHER	SIGNIFICANYCONDITI	ONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1			
MEDION ME	Z	En	Physe	and						
0 # 8 4 8 0	ATIC	19a. DATE	FOPERATION	19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORA	MED?		20 AUTOP	SY?
E SHOUL WORD "F E CHIEF BE USED INT OF HI	FIC								YES [NO
WOON TENT	CERTIFICATION	210 EXTERN	AL CAUSE WAS				OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18		1 NOOL
THE V THE V OULD OULD OR TO	ALC	UNDERLYIN	G OR		M. MONTH DAY YEAR	100				
ERTIFIC ING TH ID TO 3 SHOU PRIOR	MEDICAL	21d INJURY		21e PLACE	OF INJURY (AT HOME,	211. LOCATION				
S CE RDE 3	¥.	WHILE	NOT WHILE	STREET, FA	CTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
WAWA STAT		AT WORK	AT WORK					/		
NE REPORTE		22a. I cer	tify that I taak ch	narge af the remains	scribed above, held on	Autapsy	Inspection 4.	Inquiry [, an	nd in my apınıan	
A FEBRUARY		deoth resu	ted from: N	otural couses 🔲 ,	Accident 🔲, Su	icide 🔲 . Hamici	ide Unde	etermined monner,		
WAN WAR		ACTUAL	MU	moto 4	Horryway	TITLE (SP			DATE 2	3-82
ATH ATH		SIGNATURE	0/2/	1000	- roughex	M.DDej	putyME	DICAL EXAMINER	SIGNED 3	3-82
NO DE MOI		EXAMINER'S	NAME A	- t- D D	1/0		000 n - 1		0	24.2
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PR			drigMez, M.			urn Court, (amp Springs	s, Ma.
EUCE 4 8		JRIAL, CREM, PECIEY) Irial	ATION, REMOVA	3/9/82		METERY OR CREMATO	CIT	LOCATION TY OR TOWN	COUNTY	STATE
BP			CHOR .			en Cemeter	V	anoke Roa BY REGISTRAR 256 REG	anoke Va	•
DHMH - 17	F	rancis	Gasch's	Sons Fune	ral Home, P	•	MAD ()	10U / Dan	an last	lesc.
(VR A15 ME (5)) 15M 2/80		пуаст	sviiie,	"aryland"			BIHK 0	1386	()	

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Toruncia Gauchts Sons Funeral Home, C. ..
[preferrills, arriand

Friend

campletely filled in by the funeral dis 1 and 2 should be filed within 72 has

attending physician and car

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burnal-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

etained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

Burial

medical

injury, ar ather traumatic event, the

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	PAUL D. 4. RACE White PLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTY IN IA DR TOWN OF DEATH 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES PRINCE GEORGE EVERLY A PRINCE GEORGE EVERLY THE TIME OF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RESIDEN	7.0	CERTIF	FICATE OF DEATH		7.39		
DECEASED NAME FIRST	^	AIDOLE §	1	LAST	20. DATE OF D	DEATH MONTH	De HAN	19 HDUS
PAL	IL .	D.	TA	NNER	16	03-06	-8	5:40AM
Male			Aug.	20 , 1918 YEAR	6 AGE (INYEA	RS LAST BIRTHDAY	PUPIDIE LIEAR	HOLO BY
BIRTHPLACE (STATE OF FOREIGN			0.	D NEVER MARRIED		E CITY OR COUNTY	10000	MD
CHEVERLY	(IF NOT IN SUC	H FACILITY, GIVE STREET A	OORESS)	Avenue and a second		CCUPATION OR MOST OF WORKING LIF ty Guard	Decte Nousiki Agen	ENLINES OR
30. STAJE 131. CO	UNTY	13t. CITY OR TOWN	1	134 INSIDE CITY LIMITS?	13: STREET AL 4901 T	aylor Str	eet	4
Thomas		Tanne	r	15. MOTHER'S MAIDEN NA Helen		MIDDLE	shman	at .
WAS DECEASED EVER IN U.S.		225 10 7		Valerie H.	Fanner	Same as #	13 (Dau	ghter)
PART I. DEATH WAS CAU IMMED Conditions, if any, which gove rise to immediate	DUE TO, OF	RESPIR RAS A CONSEQUE	NCE OF	ory ARRE	IST Legal		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICAN	1			NOT RELATED TO THE TER/	MINAŁ DISEASE	OR CONDITION GIV	EN IN PART 10	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CÓNDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOP		, WERE FINDIN YING CAUSES S	
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.A.	M. MONTH DA'	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	**
WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the deceased alive above, (1) (not 14) (did	on 3 -S	19		nd that in (my) (eur) opinion	20	on the date and hou	_	that (I) (we) lost causes stated
22b. SIGNATURE	nence	Satu	1 0		MEDICAL DIRECTOR	STAFF PHYSICIAN	3/7	SIGNED 1/82
Lawrence Sati	,			5711 Sarvis	Avenue	Riverda	le. Md.	20737

BP. DHMH - 16 50M 1/B1 (VRA J5, 4)

TO FUNERAL DIRECTOR:

29n. BURIAL, CREMATION, REMOVAL 3/9/82 234 NAME OF CEMETERY OR CREMATORY

Riverdale, Md. 20737

Ft. Lincoln Cemetery

Brentwood Maryland

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

25 DATE REC'D. BY REGISTRAR 256 REGISTA

TRUL TOTAL STATE OF THE STATE O

Virginia 1.8.1.

Soctoria

CHANGE CHORGE'S GENERAL HOSENTAL Security Courd Agency

Sovenity
Thomas Unch Danner Melon V. Cashman ; Yes to the control of the co

Darial 3/0/83 M. Greet Cemerry Dragtwood D.G. Maryland Francis Casch's Jone Survey Come. L.

Profession . office the

MEDICAL CES

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENES	
EDICAL EVAMINEDIC CERTIFICATE OF DEATH	

1	FOR STATE REGISTRAR			DEPARTMENT OF HEAD		The state of the s	REG. NO.	7 9 9	0
T	(TYPE OR PRINT)	ROY	TH	MIDDLE TE	STERMAN	20. DATE KNO OF E DEATH MA	STI-		2b. HOUR
	MALE	4. RACE WHITE		928 54 YRS.	ONTHS DAYS HOURS	PRONOUNCE DO A AD		6 182	9;40° A "
3	o BIRTHPLACE (FOREIGN COUNTRY VIRGINIS	(STATE OR	U.S.A.	WID		PRINCE	GEORGE	S	MD.
1	Cheverly	у	PRINCE	ORGES GENERAL		120. USUAL OCCUPAT FOR MOST OF WORKING Carpenter	LIFE)	OR INDUST	USINESS IRY ed
	SUAL RESIDENCI 30. STATE Marylar	e (IF IN NURSING HOME 13b, COUN Pri	OR OTHER INSTITUTION, GIVE NTY NCe George	ERESIDENCE BEJORE ADMISSION) 131 CPACRESON Park	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7206 Bowd	oin Aven	me	15
2	14. FATHER'S NAM		MIDDLE Test	erman	15. MOTHER'S MAID FIRST Carrie	EN NAME MIDDL	Under	wood	
	60. WAS DECEAS	SED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES) II&Korea	166. SOCIAL SECURITY NO. 579 30 6114	Roy Bradi	ord Tester	an Same	as #13	(Son)
	18 CAUSE PARTIC	DEATH WAS CAUSE	nly one cause per line f ED BY: ART	for (a), (b), ond (c).) TERIOSCLEROTIO	CARDIOVASC	ULAR DISEASE		APPROXIMAT BETWEEN ONS	
		ions, if ony, which	DUE TO, OR A	AS A CONSEQUENCE OF					
	lying co	a) stating the <u>under</u> ouse last.	(c)	AS A CONSEQUENCE OF			3		
		IRATORY I		UT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN P	ART 1 (g)			
2	RESP.	OF OPERATION	19b. CONDITI	ION FOR WHICH OPERATION	WAS PERFORMED?			2D. AUTOPSY	/? NO [X
100	5							123	110 123

196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTO
210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	AO 1 TRAG 81 MATI NI YRULMI PO ARUTAN RATNA}	YES PART 2)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LÖCATION STREET	CITY OR TOWN	COUNTY
22e I certify that I taok charge of the death resulted from: Natural cause	-4-4	Autopsy , Inspection ide , Hamicide .	Undetermined manner .	

5009 RAYBURN CT. CAMP 234. NAME OF CEMETERY OR CREMATORY

SPRINGS, PR. GEO.

STATE

230. BURIAL, CREMATION, REMOVAL 23b DATE BURIAL 3/9/ 3/9/82

Parklawn Cemetery

23d. LOCATION CITY OR TOWN Rockville

Montg. Md.

L'EL FUNERAL DIRECTOR FRANCIS GASCH'S Sons Funeral Home, P.A. Hyattsville. Maryland

256 REGISTRAR'S SIGNATURE

DHMH-17 (VR A15 ME (5) 15M 2/80

BP

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for loge.

ECTIONS USERICE T206 Proofein Accesse

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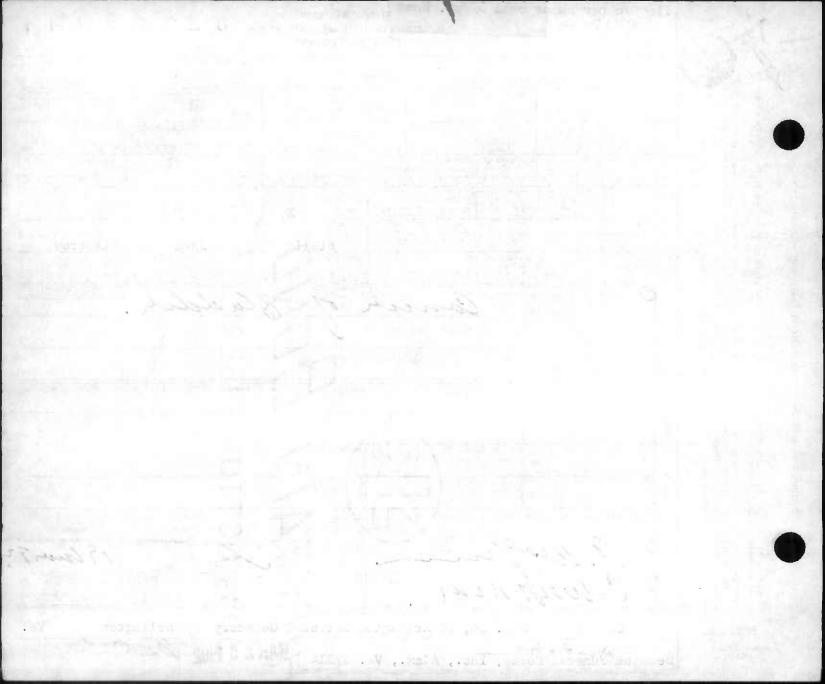
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continued months continue

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/	_/	I	tem #6 per		call w	/Fur. How	STAT	E OF MARYLAND		
5	No.	1	FOR 1/7/82 - STATE REGISTRAR	rc		DEPARTA		EALTH AND MENTAL HYG	IENE O & L	1991
	//ESTABLE	1. DI	CEASED NAME	FIRST		MIDDLE		AST	REG. NO.	DAY YEAR 26 HOUR
15	Lu F	(TYF	E OR PRINT)	OBERT	CA	LVIN	THOME	CON		
K	you was	3 58			RACE	TATM	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	9 1982 3:29p M
	cto s at	1	IALE	1	WHITE		JUL	DAY YEAR	61	MONTHS DAYS HOURS MIN.
	Pag dire hour	70 B	IRTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	R		9 BALTIMORE CITY OR COUNTY	OF DEATH
	722 575		COUNTRY) ENNSYLVANIA		USA		WIDOW	DIVORCED	PRINCE GEORGE'S	COUNTY
	within within		ITY OR TOWN OF DEA	TH	NAME OF		G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201	is of		DREWS AFB		MALCOLM		F MEI	DICAL CENTER	MILITARY	U S AIR FORCE
AND 21	filled in hauld be	130. V]	AL RESIDENCE (IF NURS STATE IRGINIA	FAIR	ſΥ	ISE CITY OR TOW SPRINGFI	N	13d. INSIDE CITY LIMITS? YES . , NO X	13e. STREET ADDRESS 8424 OAKFORD DE	2
RYL	withii d 2 sl	14_E	ATHER'S NAME	M	IDDLE	ŁAST		15. MOTHER'S MAIDEN NA	WE	LAST
WA	omplo on		HAROLD	A		THOMPSO	N	Stella	Tane	Witherow
ORE	nd co		WAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT		STILL POND CT
I	S. Poo	YE	ES	1943-	-1978	170-12-7	339	COL ROBERT T.	THOMPSON HERNDO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 W. PRESTON	requires that the death sen signed by the ottend t. Then please remove co or to buriol, cremation, o	ION	Conditions, if ony, gove rise to imm cause (o), statin underlying cause	ediate g the last	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease or Condition Giv	EN IN PART 110'
AL RECO	law as be	CERTIFICATION	190 DATE OF OPERAT	ЮN	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED PYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS.	IYSICIAN: The ding physicion by sectificate he buriol-transit from the man or them 18 shown them 18		21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
IVISION	attent ter th is the h and rked o	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e PLACE (OF INJURY SEET, FACTORY, OFFICE, FA	.RM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	spital or STOR: Af for use of Health		220 I certify that (I) saw the decease abave, (I) (me) (d	d alive on_	MAR 1	9 19	00	3 10 , 19 82 and that in (my) (our) opinion (, toMAR 19 death occurred on the date and hou	19_82 that (I) (we) lost r and from the causes stated
	TAL OR A y the hory RAL DIRECT detached tote Dept. VI. If them		22) SIGNATUR	Wis	Le	u	<u></u>		MEDICAL STAFF	12 Come SIGNED
	CO HOSPITAL etained by th TO FUNERAL should be det with the State		22d PHYSICAN'S NA	ME (TYPE OR	FRO	un .			OLM GROW USAF MEI CWS AFB MD 20331	DICAL CENTER
		230	BURIAL, CREMATION, I	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP	24.5	Burial		Mar. 2	4, 82 Arl	ingto	on National Ce		
1	DHMH - 16 50M 1/81 (VRA 15, 4)		maine Fune	7.75 ral Ho	omes, I	nc., ADDRESS	., Va	22314 25 PA	REC'D BY REGISTRAR 250 GIST	9 SIGNATURE



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STATE OF MARYLAND	5.8	13	63	7		-
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun established for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 75 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	REGISTRAR			221 ANI	CERTIF	ICATE OF DEATH	REG.	NO.	N.V			
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(ITPE	OR PRINT)	HAROLI		A.	URSI	TTI	MARCH	9	1982	3:33P M		
3 SE	Х		4 RACE		5 DATE C		& AGE (IN YEARS LAST &	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	Male		Cauca	sian	Jan	40 40 00	44	YRS	MONTHS DAYS	HOURS MIN		
	IRTHPLACE ISTATE C	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	OR COUNT	Y OF DEATH				
	ashington	D.C.	USA		WIDOWE	- 11	Georg	g e	MD.			
	Clinton	DEATH		HOSPITAL, NURSIN HEACHITY, GIVE STREET Kaine Dr		DR OTHER INSTITUTION	Self . Em		FE) INDUSTRY	ine		
130 5	at residence in a state aryland	Prince	TY	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS? YES 178 NO []	6501 Kai	ne Dr.				
14 FA	ATHER'S NAME		NDDLE	1467		15 MOTHER'S MAIDEN NA	WE		LAS			
	Harry		(DUE	Ursitti		Angelin	e		ngelis	· 		
	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADD	RESS	P. 91			
	Yes	1958-	-60 DATES)	577-50-	1748	Nancy Ursit	ti-Wife-Same as #13					
		I WAS CAUSE! IMMEDIATI iny, which immediate ating the	DUE TO, O	R AS A CONSEQUE	Bra:	in Tumor	Brain		BETWEEN	MATE NITERVAL ONSET AND DEATH		
NO			ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 10) '		
AT	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	S, WERE FINDIN				
CERTIFICATION							YES NO YES NO YES NO [
	218. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M	CAUSE OF DEA	21b. TIME O HOUR A	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18.	PART 1 OR PART 2)			
MEDICAL	WHILE NO	T WHILE	210 PLACE ((AT HOME, STE	OF INJURY SEET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR I		COUNTY	STATE		
	22a.l certify that sow the dece above, (I) (we	eased alive on.	Manah	8 19	June 82	nd that in (my) (our) opinion	toMarch death occurred an the			that (I) (we) lost causes stated		
	224 SIGNATURE	- 1/	tos	2	1	DEGREE ATTENDING PHYSICIAN E	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	Marc	signed h 9.1982		
	224. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRESS						
	Morri	s A. Os	born, M	I. D.		7501 Surratt	s Rd., Cli	nton,	Md. 207	'35		

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENOING PHYSICIAN: The law requires that the death certificate

shows any injury, or other traumatic event, the m

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18

230 BURIAL, CREMATION, REMOVAL REMOVAL 236. DATE 3-9-82 23c NAME OF CEMETERY OR CREMATORY Georgetown Med. School

STATE

School Washigton D.C.

School Washigton D.C.

State of the county of the

14 FUNERAL DIRECTOR
NAME
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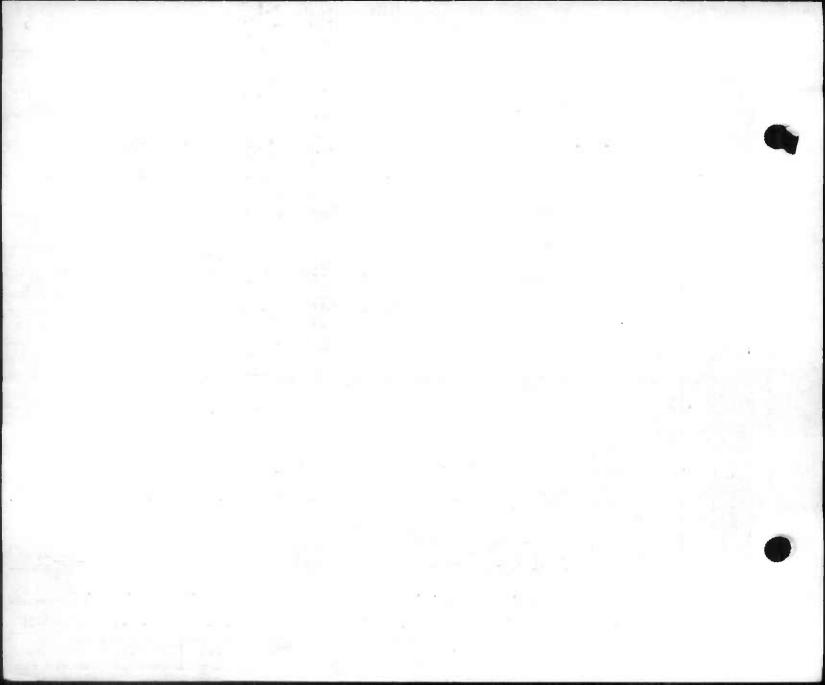
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	CEASED NAME OR PRINT)			WIDDLE		LA	ST		20.	DATE KN	211-			YEAR	2b. HOUR
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3. SEX		4 RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YE		ER T YR.	HOURS		DATE	ED	MONTH	DAY	YEAR	7 HOUR
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7a BI	RTHPLACE (S	STATE OR	7b. CITTZEN	OF WHAT COU	NTRY?	8 MARRIE	□ NEV	ER MARRIE	D	BALTIMO	4				
as	h., D	. C.		USA		WIDOWE		DIVORCE		Prince					MD.
1D. CI	TY OR TOWN		(IF NOT IN	OF HOSPITAL, NU	STREET ADDRESS)	E, OR OTHER	RINSTITUT	ION	FOR MO	L OCCUPA	IG LIFE)		OR	ND OF BUS	RY.
		prings		Allento					Clea	aning	J La	dy		Apt.	
USU A 13a, S		(IF IN NURSING HOA		TION, GIVE RESIDENCE	YORTOWN	1:	d INSIDE CIT	Y LIMITS? 1	13e. STREE	T ADDRESS					
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14. FA	THER'S NAM	E	MIDDLE		LAST	1	5. MOTHEI	R'S MAIDEN	NAME	MIDE				LAST	
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(Y	ES, NO, OR UNKN	D EVER IN U.S.	ARMED FORCES IVE WAR OR DATES)		CTAL SECURIT			07 Jc							
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	18 CAUSE O	DF DEATH (Enter EATH WAS CAU	anly ane couse SED BY:	per line for (a), (b	o), and (c).)								BETW	PROXIMATE VEEN ONSET	AND DEATH
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7	Conditions, if ony, which														
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AIM DELAY	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES ITS AND STOWN	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. HEAVE PAGE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 3 SHOULD BE HELD	THE PARTY OF TAXABLE CONT. LATINGT OF THE PARTY OF THE PA

	CEASED NAME FIRST E OR PRINT)	ale,		VAUGHN		3-29 ₁₉ 82
3 SEX	female white	5. DATE OF BIRTH MONTH DAY 6-26-86	YEAR 6. AGE (IN YEARS III NOT	FUNDER 1 YR. IF UNDER	MIN. PRONOUNCED	3-29 ₁₉ 82 11 55
7a. BI	RTHPLACE (STATE OR REIGN COUNTRY) LIGHNIA	76. CITIZEN OF WI	I M	ARRIED NEVER MARR	Prince Geor	ges MD.
R	iverdale	LELAND	SPITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS) MEMORIAL HOSP		120 USUAL OCCUPATION (TYPE OF WOR 120 USUAL OCCUPATION (TYPE OF WOR 120 USUAL OCCUPATION (TYPE OF WOR 121 USUAL OCCUPATION (TYPE OF WOR 122 USUAL OCCUPATION (TYPE OF WOR 123 USUAL OCCUPATION (TYPE OF WOR 124 USUAL OCCUPATION (TYPE OF WOR 125 USUAL OCCUPA	OWN HOME
13a. S		OR OTHER INSTITUTION, GINTY ICE GEO.	13c CITY OR TOWN Hyattsville	13d INSIDE CITY LIMITS? YESTE NO	13e SIRFET ADDRESS Nicholson S	Street
14 FA	THER'S NAME FIRST Unknown	MIDDLE	LAST	15. MOTHER'S MAID FIRST Sarah	MIDDLE	nknown
	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO 579 18 9960	Olin E.	6011 Av Vaughn Hyattsvil	enue le, Maryland APPROXIMATE INTERVAL
NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR	AS A CONSEQUENCE OF	ISEASE OR CONDITION GIVEN IN P/	ART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY? YES NO X
MEDICAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEAR	A Aur	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) O	
103	218 INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
W					(a) (b)	
W	22a. I certify that I taak cha death resulted from: Not ACTUAL SIGNATURE EXAMINER'S NAMIAUGUS	ural causes X	Accident , Suicide ODRIGUEZ , M.	M.D. DEPUTY	Undetermined manner MEDICAL EXAMINER SIG	3-29-82 TE SNED SPRINGS ,MD

SHOULK 3-28-62

ATMINSTO E . HOLPECHEE . M. D. SSOOS RAYRURG CT. CAMP SPRINGS ED

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 76 HOUR TYPE OR PRINTI IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR MONTH 1935 Nov. 23 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH COUNTRY Wash., D. USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Clerk Banking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS PG Md. Forestvill EYES [7304 Donnell Drive NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Louis Pumphrev Marion Hatton ADDRESS Same as Above 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-46-3444 Harold No Walderon, Husband APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse perfune for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY nun nrunze CONSEQUENCE OF Conditions, if ony, which HOCHNOIN INFANCTION gove rise to immediate cause 101, stating the AS A CONSEQUENCE OF underlying cause Ununpna 15 5 48 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive o and that in (my) ur) opinion deoth occurred on the date and hour and from the causes stated (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN Estuna, MA 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Cedar Hill Cem. 4-1-82 Builland, P.G., Maryland 24 FUNERAL DIRECTOR Robt Wilhelm

Rd., Suitland, Md

DHMH · 16 50M 1/81 (VRA 15, 4)

Should be detained the State [

MPORTANT

Funeral Home

Table State of the - Course Signed William or Addition of the Course ond 2 sh

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MPORTANT: If Item 21 is

STATE OF MARYLAND

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126 KIND OF BUSINESS OR

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RTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CEI	RTIFI	CATE	OF	DEATH	

REGISTRAR					REG. NO.			
DECEASED NAME (TYPE OR PRINT)	William	Desmond	Walker,	Sr.	March 2,	L982	26. HOU 2:5	R A
3 SEX	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HR
Male	Whi	ite	Jan. 5	, 1964	78 YR	MONTHS DAYS	HOURS	MIN
	OR FOREIGN 76. CITIZE	N OF WHAT COUNTRY	MARRIED NE	VED ADDIED	9. BALTIMORE CITY OR COU	NTY OF DEATH		
Marylan	d U.	S. A.	WIDOWED _	DIVORCED	Prince Geor	rge 's		٨

10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Prince George's Gen. Hospital Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b, COUNTY 13c, CITY OR TOWN

FOR

- STATE

COST WOLL Own Tobac Farm 13010) Woodmore Read 113d. INSIDE CITY LIMITS?

Maryland	Pr.Geo's	Mitchellvill	13d. INSIDE CITY LIMITS? YES NO X	13010 Wood	dmore Read	
FATHER'S NAME FREST Edward	Spedden		15. MOTHER'S MAIDEN NAM		Harman	
	IN U.S. ARMED FORCES' (IF YES, GIVE WAR OR DATES)	? 16b. SOCIAL SECURITY NO.		Walker-M	3010 Woodmore itchellville,	1

	DUE TO, OR AS A CONSEQUENCE OF
Conditions, if ony, which	or (chairmany of trasta to
gave rise to immediate cause (a), stating the	DUE TO, OR AG A CONSEQUENCE OF A
underlying cause lost.	19 Multing Me to Stan 1 Centimone

9a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	₽0a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJI	URY IN ITEM 18, PART 1 OR PART 2}
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE

sow the deceosed alive an above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE ATTENDING THYSICIAN 3/2/82 MEDICAL STAFF DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

A. Clark Ho	lmes, M.D.		Upper	Marlbor	o, Maryland	207
230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/5/82	Mt. Oak		ery Mit	chellville	PrGe

Richard Funeral A. Coleman-Upper Marlboro, Maryland 20772, Mitchellville (PrGeo's)Md. REGISTRAR 251 REGISTRAR'S SIGNATURE

DHMH-16 60M 1/73 (VRA 15(4))

etained by the hospital

O HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. If with the State Dept. of Health and Mental Hygiene priart

ATTENDING PHYSICIAN: The offending physicion.

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FOR - STATE REGISTRAR

I DECEASED NAME

Female.

III. CITY OF TOWN OF DEATH

Clinton USUAL RESIDENCE

John

LIFE HOUSE LAKHOWN

Maryland A FATHER'S NAME

No

MEDICAL

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

obove, (I) (we) (did) (did not view

Burial

seorge P. Kalas Funeral Home

(IF EITHER, NOTIFY MEDICAL EXAMINER)

190 DATE OF OPERATIO

21d. INJURY OCCURRED

230. BURIAL CREMATION, REMOVAL

I SPECIFY!

24 FUNERAL DIRECTOR

NOT WHILE AT WORK

CLARA

136 COUNTY

Pr. George

LIF YES, GIVE WAR OR DATEST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

220 I certify that (I) (this bounded attended the deceased from

DUE TO.

216 TIME OF INJURY

P.M.

21e PLACE OF INJURY

3/30/82

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

4 RACE

White

76 CITIZEN OF WHAT COUNTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Kuhl

(TYPE OR PRINT)

70. BIRTHPLACE

J. SEX

CTATE OF MADVIAND

LAST

WALLENFELT?

5. DATE OF BIRTH MONTH

WIDOWED T

Dec.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Southern Maryland Hospital

Temple Hills

166 SOCIAL SECURITY NO

231-36-8563A

196 CONDITION FOR WHICH OPERATION WAS PERFO

HOUR A.M. MONTH DAY YEAR

LAT HOME, STREET, FACTORY, OFFICE FARM ETC)

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EPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CE	RTIFIC	ATE OF	DEATH	

MARRIED NEVER MARRIED

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15. MOTHER'S

17 INFORMA

Jack

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22e. ADDRES

Arlington Nat'

6160 Oxon Hill R

Oxon Hill, Md.

STREET

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YEAR

1891

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REG. NO.

6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

DAY

YEAR

22

DAIS

IF UNDER ! YEAR

7h HOUR

HOURS

3.40m M

IF UNDER 24 HRS

2n DATE OF DEATH

ORCED	Prince Georges 12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	County MD. 126 KIND OF BUSINESS OR INDUSTRY
Ctr.	Laundry worker	Hotel
	13e STREET ADDRESS 4505 Poppe Place	e
MAIDEN NAM FIRST 18	MIDDLE	Wilken
Wallenf	eltz Temple Hil	ls, Md.
inless	linal abstruction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in Sign	noidcolor with	
os d	ABDOMING COCVITY	metastrony
TO THE TERM	IN AL DISEASE OR CONDITION GIVE	N IN PART 1(a
RMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH? NO \(\text{NO} \(\text{NO} \)
JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IS PAR	T I OR PART 2)
N	CITY OR TOWN	COUNTY STATE
, 19 § 2	, ta 3 26 19	that (I) (we) last
TTENDING PHYSICIAN	MEDICAL STAFF	3/27/82
20	Xon Hill Rd	, Oxon Hell
REMATORY 1. Cem.	Arlington	COUNTY STATE Virginia
d. 250. DATE	REC'D. BY REGISTRATE ALL DISTRA	gan Heaven
		PARTY CALL IN LABOR

and 2 101 FUNERAL DIRECTOR

BP DHMH - 16 50M 1/111 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART	WENT OF HEALTH	AND MENTAL HYGIE OF DEATH	IENE GREG. NO	O.	1 1	5 1
	1. DECEASED NAME FIRST	WIDDLE	LASI			MONTH DAY	YEAR 2b F	HOUR
	HARRIS	SON Hale	WARD			3 23	821	1:40 Am
	3. SEX	4 RACE	5 DATE OF BIRT		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UP	NDER 24 HRS
3	Male	Caucasian	Sept.	26, 1903	78	YRS	DAYS HOU	MIN,
r	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED T	VEVER MARRIED	9 BALTIMORE CITY O		EATH	
3	Maryland	U.S.A.	WIDOWED	DIVORCED [PRINCE G	EORGE'S		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION	ON 121	KIND OF BUS	
0	CLINTON	SOUTHERN MARYLA	ND HOSPIT	TAL CTR.	Farmer		Farmir	1g
1	SUAL RESIDENCE (IF NURSING HOME OR 18. STATE 13b. COUNTY Pr.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Clintor	N 113d IN		13e STREET ADDRESS			
1	14 FATHER'S NAME	deo. Ollifor		THER'S MAIDEN NAM	11601 01d	Thrif	t Road	
Ó	Harrison C. Wa:	middle Last		FIRST	erts		LAST	
ľ	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		FORMANT	ADDRE	SS		
i,	NO OR UNKNOWN) (IF YES GIV		-3818 Ed	lwina War	d Same A	c 13 A.	**	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	PLE CLI	epest elbral un is-Ce m	enocized	1120075	JAMES 50	DAYS
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE OR CON	ITION GIVEN IN	PART 10	
	o MULTIPLE	URINDRY TRI	9272~	1207/11	<i>-</i> ح			
1	MUTIPLE 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	ISED EATH?
			YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)	
	OR CONTRIBUTING LE CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINER AT WORK ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.		OCATION STREET	CITY OR TO	wn co	YINUC	STATE
	220.1 certify that (I) (this has	trol) attended the deceased from	6/2 8/ , and that	in (my) (ov) opinion d	e oth occurred on the do			l) e) lost s stoted
	27h SIGNATURE	Chris a	DEGRE		MEDICAL STAF	F	3/23/	82
		Caruso, M.D	91		taway Rd.	, Clint	on, M	D
	230. BURIAL, CREMATION, REMOVAL Burial			RY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUN	NTY	STATE
	21	March 26. 1982			al Cem. C	linton	Pn	Coo III
	24 FUNERAL DIRECTOR Lee	Funeral Home.	Inc.	250 DATE	REC'D. BY REGISTRAR	156 REGISTRAR'S	SIGNATURE	COO TIE

BP. DHMH-1650M 1/81 (VRA 15, 46633

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cemple in the income should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages I and 2 thould be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

with the State Dept, of Health and Mental Hygiene prior to Duria, cremarium, or convert, the medical admit IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical admit 6

Funeral Home, 24 FUNERAL DIRECTOR Lee Alexander Ferry Rd., Clinton

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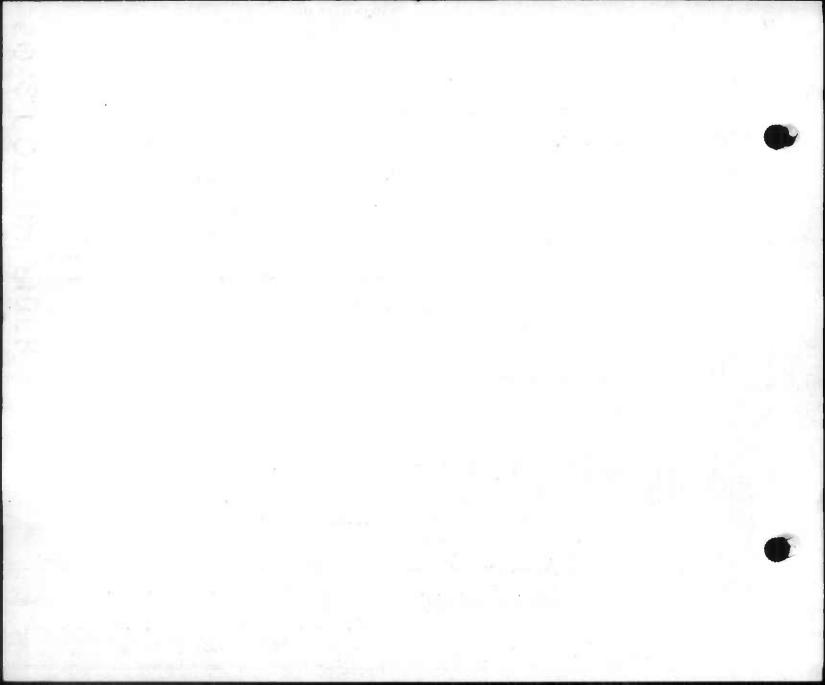
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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- 1	FOR		STATE OF MARYLAND	8 9	07952
	- STATE	REACE 5	MENT OF HEALTH AND MENTAL HYG	IENE 9 4-	0 / 2 0 24
-		MIDDLE		REG. NO.	
	DECEASED NAME FIRST (TYPE OR PRINT) FLORE	ENCE S.	WARDER	20 DATE OF DEATH M	- 20 - 82 10:15
3	SEX EMALE	WHITE	S. DATE OF BIRTH MONTH DAY YEAR 7 13	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEYER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR	COUNTY OF DEATH
彩色	OCITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b. KIND OF BUSINESS OF STREET INDUSTRY
pe J	ISUAL RESIDENCE (IF NURSING HOME OF			HOUSEWIR	0,0
3	MARYHAND 136 7	G, Et was	bingtones & NO 1	9415-OL	D PALMER KOA
C C	FATHER'S NAME FIRST ASA	Sou,	he Lazira	MIDDLE	mc Quad
medicol	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 579-20-	5704 LILLANT	WARDER	AS IN ITE
atic event, th	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (b) BY: TE CAUSE (a) DUE TO, OR AS A COMBEQUE	corderl A	farction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH JO MAN
uno.	Conditions, if ony, which	(16) Col		a Diea	040
other t	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF CHESTER CL	10	5 mo
njury, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
2 ows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
- / - 1	OR CONTRIBUTION CALLES OF DE	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
rked or It	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
s mo		ital) ottended the deceased fram_	APP 11- 19 75	to /ITARCA	4 9, 19 8 2, that (1) (we) la
m 21	saw the deceased alive on above, (1) (wet (did) (did no 22h SIGN) (RE	wiew the bady after death	DEGREE	deoth occurred an the dote	22c DATE SIGNED.
Z	Telos	R Japan	MD ATTENDING PHYSICIAN Z	MEDICAL STAFF	3/00/0-
IMPORTAL	22d PHYSICIAN'S NAME (TYPE O	R LAPIN,	M.D 220 ADDRESS 6805040	ALLY FER	ray Ro Canto
2	30, BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL)	3-23-482 F	NAME OF CEMETERY OR CREMATORY	123d. LOCATION CITY OR TOWN REEN TWO	and P.C. Ma
77	4 FUNERAL DIRECTOR DEOR	LOW HILL RES	FUNERAL HOME 250 MA	REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE

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25	oi u ii	(117	E OR PRINT)	RC	BERT		L.		W	VARNER			OF EST	-	3 13	19 82	
PLEAS	044	3. SE)		4. RACE		ATE OF BIRTH			EARS IF UN	DER 1 YR. IF	UNDER 24		DATE		ONTH DA		7: 15
	DIREC	ma	ale	whit			950	LAST BIRTH	1	HS CAYS	HOURS M	IN. PROP	NOUNCED DEAD	-	3 13	19 82	/: 15 M
SSAR	Z ESIL	7a. Bi	RTHPLACE (S		76.	CITIZEN OF WH	AT COUN	ITRY?	Ta .	IED NEVE	D 11 1 D D IS D	9. B/	LTIMORE				10 M
IS NECESSARY.	FUNERALDI 5 FOR YOU W. PREST		ash.,	D. C		US	Δ		WIDOW	-	DIVORCED		rince	Georg	re's (County	/ 445
2	E 8 × √ √		TY OR TOWN		11.	NAME OF HOSE	ITAL, NU	RSING HOM	E, OR OTH			a USUAL C	CCUPATIO	N (TYPE OF V	WORK 12b F	(IND OF BU	ISINESS
DELAY	2, AND 3 TO THE FUN 3. RETAIN PAGE 5 R 2 SHOULD BE FILED, W AL RECORDS, 201 W. P	(Camp Sp	rings	1	11 NOT IN SUCH FACE	ento	Wn Rd				Pair	WORKING LI	FE)	. (OR INDUST	RY
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21201 ANY	るからいろう	130. S	Md.	13b. C	PG			OR TOWN	:11	YES -		e. STREET A		1 -	7		
MD. 2	2, A 3. B 2 SH		THER'S NAME		FG		101	estv:	гтте	15. MOTHER			Mill	vale	Ave	nue_	
3 I	- X 9 5/		Alber		R. MI	Warı		LAST		FIRS	T		MIDDLE		T) ==	LAST	
OR	0 5 4 0		VAS DECEASE					IAL SECURI	TY NO	17. INFORMA	resa	Ţν	larie	DRESS	Br	own	
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ST.,	ALONG W ALONG W SIT PERMIT. HYGIENE, DI AOVAL.		18 CAUSE C PART I DE	ATH WAS C	ter anly on AUSED BY:	e couse per line l									88	TWEEN ONSE	AND DEATH
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W. P	PENCIL IN AMINER A TRANSIT ENTAL HY OR REMO	-	gave ri	se to imme	diote	(b)											
201 W	SAN SAN S		lying cau	stoting the use lost.	nder-	DUE TO, OR	AS A CON	ISEQUENCE	OF								
S. 2	NO VENT					(c)											
DIVISION OF VITAL RECORDS,	CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "OR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMII THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NDD, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	NO	PARI Z UTHER SI	GNIFICANT COND	IFIONS CONTE	RIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TER	MINAL DISEASI	E OR CONDITION G	OVEN IN PART 1	0					
1 RE	A HEAD	CERTIFICATION	19a. DATE OF	OPERATION		196. CONDIT	ON FOR	WHICH OPE	RATION W	AS PERFORMI	ED?				20.	AUTOPSY	
VITAL RE	WORD BE USI	E														YES X	NO
F V	S B B B B B B B B B B B B B B B B B B B	1	21a EXTERNA		AS	216. TIME OF			21c. HC	OW INJURY O	CCURRED (ENTER NATURE	OF INJURY IN	ITEM 18 PART	OR PART 2)		
IVISION OF	H CONTRACTOR	ALC	UNDERLYING	OR	E OF DEAT	HOUR A.M.				ouse fi	re						
ISIO STEE	DED TOPPED TOPPE	MEDICAL	21d INJURY		L OI DEM	21e PLACE O	FINJURY	(AT HOME,	21f. LO	CATION	10.						
D S	AARDE AGE 3	¥	WHILE AT WORK	NOT WHILE	E 🔀	STREET, FACTO	ORY, FARM, E	TC.)		otreet 01 Alle	ntown		OR TOWN	Prin	COUNTY	eorge'	s Md.
THIS D	STA STA										Г					or ge	S Mu.
EXAMINER	CERTIFICATE ULD BE FORN DIRECTOR: I , WITH THE S WARYLAND,					the remains desc			Autop		Inspection L		quiry 🔲,	and in	ту аріпіоп		
3	E E E E		death result	ed from:	Notural co	ouses 📖,	Accident	LXJ, s	vicide 🔲	, Hamicid	e 🔲 /	Undetermin	ed monner	L.,			
X	\$ × 5		ACTUAL	4		01	-/-			TITLE (SPE				r	DATE	3-13-	00
3	ATH ATH		SIGNATURE	/	M	17	1		M	.D. ASS	istant	MEDICAL	EXAMINER	5	SIGNED	3-13-	02
WED	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME)	Ann M	. Dixon	, M.E).		ADDRESS_1	11 Pen	n St.	, Bal	to.,	Md.	21201	
0	PAT	23a.B	JRIAL, CREMA	TION, REMO	VAL 236 D	ATE	23c. N	NAME OF CE		R CREMATOR	Υ [2	3d. LOCATI	ON				
	P	(5	Buria			17-82				Cem.	-	CITY OR TOV	and,	P.G	COUNTY	rvla	nd
		24. FI				E.Wilhe	1m	1300	Ciri	+122	O. DATE BEC	D. BY REG	STRAR TE	AEGISTE	R. SEMENA	TUREST	1114
(V	DHMH - 17 R A15 ME (5))	F	ineral	Home	-1 L 1	Rd.,	Sui	tland	. Md	crand	2777711	n n 13	07	· morning	W.		
(-	15M 2/80					/	~ ~~		, 110	-							



within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the haspital or attending physician.

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STATE OF MARYLAND

	JIM	St OL I	MARI	LAND	
DEPARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE
CE	RTI	FICAT	E OF	DEATH	

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	FOR STATE REGISTRAR	DEPA		CATE OF DEATH	REG. NO.	0 / /	
1.	DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ľ	(TYPE OR PRINT) Robe	rta	Wa	tkins	3	5 82	
3.	. SEX Female	Black	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR MONTHS DAYS	HOURS MIN
F	BIRTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED WIDOWEI	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO		M
7= 10	Riverdale	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Leland Memoria	RSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORK Housewife		OF BUSINESS OF
B	30 STATE 13b. C	DUNTY 130 CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4501 Churc	h St.	
- /2	Thomas Early	Holland, Sr.		15. MOTHER'S MAIDEN NA Gertrude		Giles	.s1
16		ARMED FORCES? 166 SOCIALS S, GIVE WAR OR DATES) 214-2		17 INFORMANT Frank Brow	M-2313 Colu	mbia Pk	.Dr.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF S	CULAR ACC	TUS		XIMATE INTERVAL ONSET AND DEATH
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT !	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 1	10
9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		IF YES, WERE FINDI ERTIFYING CAUSES YES [
1 -1	OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2))
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	ICE, FARM, ETC.)	21 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive	ospital) attended the deceased from 5, 5, 1 d nat) view the body after death.	92	that in (my) (our) opinion	death accurred on the date on		that (I) (we) los couses stated
	27b. SIGNATURE	PB-	D		MEDICAL STAFF DIRECTOR PHYSICIAN [3. 6	S. f
	V.P. SIN			LANDOVE	R MO. 2	R Ro Su 0785	11TEC
23	30 BURIAL, CREMATION, REMO	VAL 23b. DATE 2	3c. NAME OF CE	METERY OR CREMATORY	73d. LOCATION	COUNTY	STATE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 3-11-82 Arlington Nat'l. Ft. Myer. Va.

14 FUNERAL DIRECTOR

H. S. Washing ton & Sons Ave. N. E. MAR 1 6 1982

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the haspital or attending physician.

TO HOSPITAL

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR STATE REGISTRAR

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE Ö	elia .		U	7	1	5	j
		REG. N	VO.					
LAST	20. DATE OF	DEATH	MONTH	DAY	YE	AR	2b. HOUR	

MAR 31

1	I DEC			IAST	In particular profession	
		CEASED NAME FIRST OR PRINT)	WIDDLE	0.00		YEAR 2b. HOUR
		RAYMO	ND LEROY	WATSON	3 26	82 11:15
	3 SEX	X	4 RACE	5. DATE OF BIRTH		DAYS HOURS
1		Male	White	March 29, 192	2 59 YRS. MONTHS	DAYS HOURS
1 77		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	ATH
	U.	SA./Wash.DC	U.S.A.	WIDOWED DIVORCED	Prince Georges Cou	
86		Clinton	Southern Mary 1	and Hospital Ctr.	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE LIND TO TEMAN	S Indus t
35	13q. S		or other institution, give residence ber		13e 11208 Colorado	Street
10		Clsworth A. V	MIDDLE LAST Vatson	Julia M	. Griffith	LAST
medicol		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IFYES GD	RMED FORCES? 166 SOCIAL SE E WAR OR DATES) 579-16		atson Same As 13	A-E
9		couse (a), stating the	DUE TO, OR AS & CONSEC	DUENCE OF A .	Λ	
s any injury, or oth	ICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) A CONDITIONS CONTRIBUTING T			PART 1(0)
r Item 18 shows any injury, or oth	DICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	CONDITIONS CONTRIBUTING T 19b. CONDITION FOR WHILE 21b. TIME OF INJURY HOUR A.M. MONTH R) P.M.	CH OPERATION WAS PERFORMED DAY YEAR 19	RMINAL DISEASE OR CONDITION GIVEN IN F	PART 1(D) E FINDINGS USED CAUSES OF DEATH!
norked or Item 18 shows any injury, or oth	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE AT WORK AT WORK	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHITE THE CONDITION FOR WHITE THE CONTRIBUTION FOR WHITE	CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU DAY YEAR 19 211. LOCATION STREET	RMINAL DISEASE OR CONDITION GIVEN IN F 20g AUTOPSY? 20g IN CERTIFYING C YES NO YES NOT THE NEW 18, PART 1 OR CITY OR TOWN COU	PART 1(0) E FINDINGS USED CAUSES OF DEATH? NO PART 2)
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ould be filed within 72 hours after in by the funeral director

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must be notified at ance.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medicol exami

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol transit permit. Then please remove carban papel with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaydl.

retained by the hospital ar attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2	0	1	1	5	6
	DEC NO					

		REGISTRAR			CERTIF	FICATE OF DEATH	REG. 1	10.			
		EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	-
	TYPE	ORPRINT) MILD	REd	T.	WA	tts		3/7	182	4 AM	М
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HR	_
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1		THER'S NAME		1		15 MOTHER'S MAIDEN NA		100212			
4		FIRST	10WN	LAST		NOR^{FRS^\intercal}		VOWN]	LAS		
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ľ	-	18 CAUSE OF DEATH (Enter	r only one couse pe JSED BY:	r line far (o), (b), and	(c).)				APPROXI BETWEEN (MATE INTERVAL ONSET AND DEAT	=
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7	MEDICAL CERTIFICATION						YES NO	YES Y	NG CAUSES	OF DEATH?	
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		22a. I certify that (1) (this ha	ospital) attended th		1/1	5/ 19 79		6/ 19	82	that (I) (we) le	ost
		sow the deceased alive above, (1) (we) (did) (did	on	ofter death.	2.0	nd that in (my) (our) opinion	deoth occurred on the	late and hour o	nd from the	couses stated	
		226. SIGNATURE	1-	1-	IV.	DEGREE	MEDICAL ST		22c. DATE	SIGNED	
		gu	Jus	NY.	10	7. D ATTENDING PHYSICIAN	MEDICAL STA		2-	1-82	-
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-	23a B	URIAL, CREMATION, REMOV				CEMETERY OR CREMATORY				2078	_2
	Lva. D	Onnie, Chemidilois, REMOV	OL ILJU. DAIL	LUL, FA	LALIE OF C	LINE LEKT OR CREMATORY	TEAR FOCULION				

BP. DHMH-16 30M 2/80 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Harmony Memorial

23d. LOCATION CITY OF TOWN

Park La 250. DATE REC'D. MAR 8

Landover Prince

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HEALTH AND MENTAL

STATE 21201 P

230 BURIAL, CREMATION, REMOVAL 236. DATE

24. FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN T 1. DECEASED NAME MONTH (TYPE OR PRINT) OF EST1-DEATH MATED NORA WEAVER 4. RACE 6 AGE (IN YEARS SEX IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS DAYS PRONOUNCED FEMALE DEAD BLACK 1895 87 YRS 9 1982 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. N.C. DIVORCED PRINCE GEORGES WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Unemployed OR INDUSTRY None (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DEANWOOD PARK 4605 NASH STREET USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G. Deanwood Pk. Md. NO [Doewood Lane 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE White Timothy Victoria Weaver 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary White-1309 Doewood In. Unknown No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Natural causes X death resulted fram: Accident Undetermined monner DATE 3-27-82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO 5009 RAYBURN CT. CAMP SPRINGS, MD.20748 (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

Park RESO.

Highland Park

Harmony

H. S. WASHINGTON & SONS 4925 BURROUGHS AVE. N. E

BP DHMH - 17 (VR A15 ME (5)) 15M 7/76

P. C. Bennwood Pr. T ... Spericod Lane .nl benker! 2021-adim viat month 8 5 E / mg Harpon - - at the collection of the collection W. C. Introduction of the second second second of the TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the haspital or attending physician.

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	(TYPE	CEASED NAME OR PRINT)	FIRST	Julia	H.	berna	WINER		3 3	1982	5, 18 AM
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67	N	RTHPLACE ISTATE OR FO DUNTRY) EW Jersey	7	U.S		WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY Prince	OR COUNTY George	County	
24	L	aurel		Greater	Laurel	Belts	or other institution ville Hospita	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housew	OF WORKING LIFE	INDUSTRY	ekeepi
57	Ne	AL RESIDENCE (IF NURSU TATE W Jersey	NG HOME OR 131 COUN OCE	ITY	Forked	Rive	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 638 Twi	n Rive	er Dr.	
15	14 FA	THER'S NAME FIRST Herman	,	L.	Pres	sler	Barhett	MIDDLE		Kais	
3		VAS DECEASED EVER I		MED FORCES? WAR OR DATES]	136-09		Wayne J. W	eingaert		914 Red	
ry, or other troumotic =+=r		Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which sediate g the last	DUE TO, O (b) DUE TO, O	IR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	CHALLE IN		N IN PART 1(0	G.
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orked or	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗆		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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ANT. If Item		176 STATURE	1	Bens	lace.		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	5 MA	DE>
		22d PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRESS		/	1	

DHMH - 16 60M 1/75

(VR A 15 (4))

FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel. Md

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

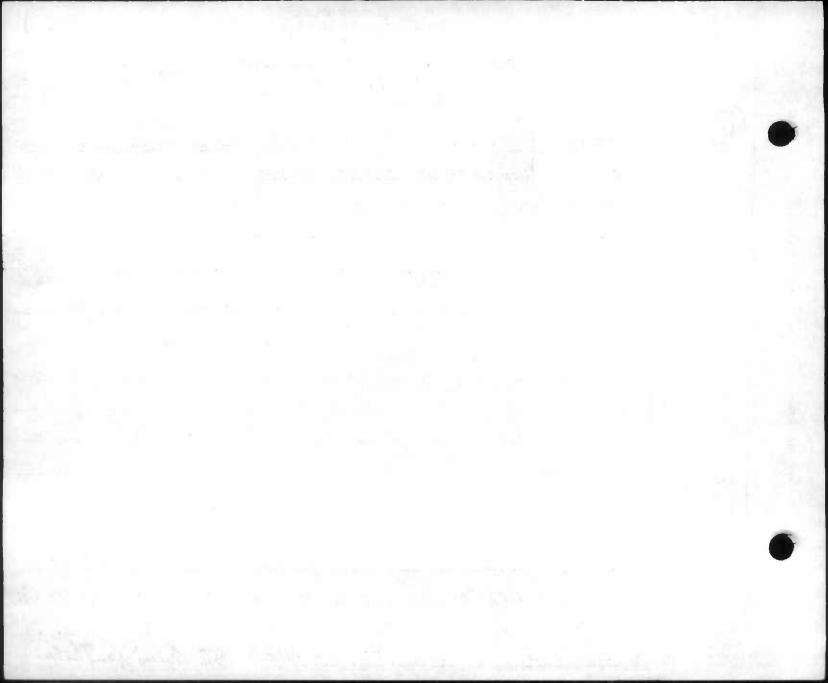
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3/8/82

Hollywood Mem Park Union, Union Co. N.J.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral di should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 hawith the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal.

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MPORTANT: If them 21 is morked or them 18 shows any

etained by the hospital ar

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPA	RTMENT OF HEALTH AND M CERTIFICATE OF DI		REG. NO.	1 7 3 7
DECEASED NAME	FIRST	WIDDLE	(AS1	20 D	ATE OF DEATH MONTH	DAY YEAR 26 HOUR
TITE OR PRINTS	Erma	S.	Welsh		MARCH 3, 1	982 924 1
SEX	4	RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female		White	Dec. 31, DAY 18	90 ^{EAR}	91 YRS	MONTHS DAYS HOURS MIN.
Maryland (STATE OF	FOREIGN 7b	U.S.A.	MARRIED MEVER M	ARRIED	TIMORECITY OR COUNTY	
Riverdale	ATH 11	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Leland Memor:	RSING HOME OR OTHER INSTI REET ADDRESS) ial Hospital		SUAL OCCUPATION HWORK FOR MOST OF WORKING LIF OUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY. Wm Home
SUAL RESIDENCE (IF NUR to. STATE Maryland	13b. COUNTY Prince	e Geo. Univer		17 LIMITS? 13e 5	reet address 05 Queenschap	el Road
FATHER'S NAME FIRST UNKNOWN	n	DLE LAST	F	MAIDEN NAME IRST TTRUDE	MIDDLE	Coleman
WAS DECEASED EVER	R IN U.S. ARME (IF YES, GIVE W	AR OR DATES)	5333 Joseph		ame as #13 (Husband)
Conditions, if ony gove rise to im couse (a), state underlying cous	WAS CAUSED E IMMEDIATE (y, which immediate ing the	AUSE (o) Respect	QUENCE OF COLORS	cerebral o	noxic damage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINIMUM AND MA MA MA MA MA MA MA MA MA M
PART 2 OTHER SIG			TO DEATH BUT NOT RELATED T	MED 20a	AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		nter nature of injury in Item 18 p	PART : OR PART 2)
WHILE NOT WAT WORK AT WORK	HILE [21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	N	CITY OR TOWN	COUNTY STATE
sow the deceo	sed alive on	ottended the deceased from 1/3 1	C-	, 19 <u>£2</u> , to	ccurred on the date and hou	19, that (i) (***) lost or and from the causes stated
226. SIGNATURE	1 D. Jel	wen			DICAL STAFF CTOR PHYSICIAN	220. DATE SIGNED 3/3/82

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/8/82 Burial "Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

Byrl D. Johnson, M.D.

23d LOCATION
SuitPand P.G. COUMaryland ATE

Riverdale, Md.

4404 Queensbury Road

MAR 8 1982

Tomelo Manon el Serviumo (1.5.1. x) 1810 (1.5.1. x) 181

		STATE OF MARYLAND
	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
-	STATE	
	REGISTRAR	CERTIFICATE OF DEATH
-		

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	DEC NO					

		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME OR PRINT)	ubrey Benjamin White	- 2 7 82 PEAR 25 HOU 8:0
	3. SE	0.003	5. DATE OF BIRTH 6 AGE (III	LYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER
	Ma	le	Caucasian March 1, 1907 75	YRS.
26		RTHPLACE (STATE OR FOREIGN	MADDIED NEVER MADDIED	ORE CITY OR COUNTY OF DEATH
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL	nce Georges Duny
86		linton		ork for most of working life) INDUSTRY .S. Grounds U.S. G
35	130 5	TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET Geo. Clinton YES	
60	14. FA	THER'S NAME enjämin E. Wi	15. MOTHER'S MAIDEN NAME	MIDDLE
medicol	16a V	AS DECEASED EVER IN U.S. ARA		Same As 13 A-E
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omer mor		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF Char	- 6 m
injury, or	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 110
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ts mo			ol) attended the deceased from 19 , ond that in (our) opinion death occurry ties the body after death.	red on the date and hour and from the causes st
7		andre, (i) (we) (ala) (ala ha)		
		22b. SIGNATURE	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR	R PHYSICIAN O
		224 PHYSICIAN'S NAME (TYPE OF	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN□ 3-278 e Clinic

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within 24 hours offer

TO FUNERAL DIRECTOR, After this certificate has been signed by the attenting physician and completely filted in by the fune though be detached for use as the bunderlands permit. Then please semple contact popers, Pager 1 and 2 should be filted within so the fitter Dept. of Realth and Mental Hygierie prior to bunds, cremation, at removal. MPORTANT If here 21 is morted or frem 18 shows any injury, or other trounds's event, the medical commercines (Security of de

O HOSPITAL OR ATTERDING PHYSICIAN. The lowetoined by the hospital or otherding physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEPAR		MARTLAND H AND MENTAL HY TE OF DEATH	GIENE 8 2.	0 7	961
		CEASED NAME FIRST	WIDDLE	ŁAST		20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(100)	HU	GH C. I	WILLARD ,	SR.		03-30-82	5:06 A
	1. SE		4 RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIR		
		MALE	WHITE	JUNE	19. 1902	79	YRS.	5 HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	PRINCE CE	ORGE S	МД
4	10. C	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET) RINCE GEORGE	ING HOME OR OT	HER INSTITUTION	124 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TRANS	OF WORKING LIFE) INDUSTR	OF BUSINESS OR
5	13n.		ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO LEO. HYATTI	VILLE YE	INSIDE CITY LIMITS?	13e. STREET ADDRESS	RNER AVEN	
0			B WILLA		FIRST	MIDDLE	Man	AST
	160 V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 578-10-	S701 A	NORMANT WAA A. W.	ADDRI		AVE
2	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF TH	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	JENCE OF		MINAL DISEASE OR CON	DITION GIVEN IN PART I	DINGS USED
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1	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	Y IN ITEM 18 PART 1 OR PART 2)	
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		sow the deceased olive on obove, (1) (we) (did) (did no The SIGNATURE	warden	DEGR	ATTENDING PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC	ate and hour and fram th	that (I) (we) last the causes stated E SIGNED
	00	Thomas Heri	nandez.	P		1. HOSPITAL	· CHEVERL	y MD
	23a. B	BURIAL, CREMATION, REMOVAL			REFERMES C		LE Teld N-	ND
	V	Wither Valley	ADDRESS	254 CAR	ROLL KOK	TE REC'D. BY REGISTRAR		CHREA

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		. NO.	1 9	5 2
	CEASED NAME FIRST	A	AIDDLE		AST	20. DATE OF DEATH		YEAR	2b HOUR
	David	NMI	Will	LIAMS		March	22,1982		4:00 Am
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAS	BIRTHDAY) IF UN	DER I YEAR	HOURS MIN.
	Male	Negro			b. 12 21	61	YRS.		Wile.
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CIT	e George	S	
	lkland, N.C.	USA		WIDOWE					MD.
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP	STOF WORKING LIFE) IN	IB. KIND OF NDUSTRY	BUSINESS OR
41511	Lanham AL RESIDENCE (IF NURSING HOME O	Doctors			Pr. Geo. Co.	Super	VISOI		
13a S	Maryland P. C	NTY	Greenbe	'N	13d. Inside City Limits?	7714 Ha	nover Pa	rkwa	у
	THER'S NAME FIRST Oak Williams	WIDDLE	LAST	1.75	IS MOTHER'S MAIDENNAME PREST Maude	ME **MIDDLE		LAST	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.		Hanover	DRESS	0	1 . 1 .
		VE WAR OR DATES)	243 16	0160	Mrs. Mary			Gree	Md.
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per	line far (a , (b), an	d (c)				APPROXIM BETWEEN OF	NATE INTERVAL
100		TE CAUSE (a)	iardio-n	espir	atory arre	1			
	1455	DUE TO, OF	R AS A CONSEQUE	ENCE OF	0	netastast			
	Canditians, if any, which	(b)	Cancer	01 10	alate with 1	netastas	<i>></i>		
	gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	EN E OF					
	underlying cause last	(c)							
NC	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN IN	PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
Ĭ.			_			YES T NOT	IN CERTIFYING	CAUSES	DF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME			21c HOW INJURY OCCURE			OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DE		MONTH DA	AY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	S	211 LOCATION			F-1	
₹.	WHILE NOT WHILE AT WORK	(AT HOME STRI	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY O	RIOWN	OUNTY	STATE
	22a. I certify that (1) (this hasp				26 19 82	, to3			hat (I) (we) last
	saw the deceased alive a abave, (1) (we) (did) (did n		after death.	82, ar	nd that in (my) (aur) apinian o	death accurred an the	date and haur and	fram the co	auses stated
	22b. SIGNATURE		A h		DEGREE	NEDICAL C		22c. DATE S	IGNED
	Musua an	my ha	7,4.0		ATTENDING PHYSICIAN		TAFF SICIAN []	3/6	65/85
	22d PHYSICIAN'S NAME (TYPE				22e ADDRESS 4400	Stamp	Road +	308	
		LIMPUAN	GTHIP		Jem	ple Hill	, Md 2	074	8
23a E	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		INTY	STATE
	Burial	3/26/	82 Ha	armon	y Memorial		ver P.G.		
24 FU	JNERAL DIRECTOR		+DDncco		St. N. W. 250. DAT	E REC'D. BY REGISTR	AR 256. REGISTRAR'S	SIGNATU	IRE
Marin.	.N. Horton C	2.0	ADDRESS -				- 01	-	-C10

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		em 19b G567 5/ FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 0	7 9 6 3
		PEOR PRINT) Clyde	TALMADGE	WILSON	March 30, 1982	26. HOUR 11:15pm
ige 4 moy	3. SE	MALE	4. RACE CAUCASIAN	5. DATE OF BIRTH JUNE 23 1913	68 YRS	FUNDER 1 YEAR IF UNDER 24 MRS ONTHS DAYS HOURS MIN.
r death. Per funeral di	9	SIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST VIRGINIA LITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF Prince George's	County MD.
ATE cours ofter in by the course of the cour	3		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	al of P.G. County	PRINTER	HUD.
BALTIMORE, MARYLAND 2120 Y OF CERTITFICATI cate be executed within 24 hours CORONER 1 S OFFICA yestoan and completely filled in by opers. Pages 1 and 2 should be fill well.	N	ATHER'S NAME	BOMERY SILVER SP		13817 CASTLE BO	DULEVARD
CERT CERT Course I complete with the course of the course	16a '	WADE H. WAS DECEASED EVER IN U.S. AR		ROSETTA RITY NO. 17 INFORMANT	MOWERY ADDRESS	(AST
ALTIMON OFF CORON CICION GNO CICION CICION GNO CICION G		YES NO OR UNKNOWN) (IFYES GIVEN WW)		1 - 1 -	TILSON SAME AS	13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 1 2 2 0 0		PARTI DEATH WAS CAUSE A STATE OF THE PARTIES OF TH	D BY	00	mhrsis.	BETWEEN ONSET AND DEATH
CORONER NOTIFIED — COING PRESTON ST. CORONER NOTIFIED — COING PHYSICIAN: The low requires that the death certificater dispersion. TO when this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon hand Mental Hygiene prior to burial, cremation, at removed at them 18 shows any injury, ar other traumatic events.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
VOTITE requires requires it. Then p ior to bur y injury, 4	ATION	PART 2 OTHER SIGNIFICANT	ectary un	Jenusal 1	applified &	Por just
ITAL REC IER In The law sicion. The has be not be permitted by the permitted by the series of the	CERTIFICATION	3/30/82		bypas vit isch	YES NO YES	ING CAUSES OF DEATH?
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DIVISION DIVISION OF After the seas the south and marked of	W	WHILE NOT WHILE AT WORK 220 certify that (I) (this haspi	IAT HOME, STREET, FACTORY, OFFICE F.	3/20 198	2 3/30 10	COUNTY STATE
DR ATTEN haspital olRECTOR thed far u tept. af He tem 21 is		saw the deceased alive on bove, (I) (we) (did) (did no 778 SiGNATURE	3/30 108	, and that in (my) (our) apinion		22c DATE SIGNED
HOSPITAL Of the by the by the by the by the bid be detected to the State DORTANT: If	1	226. PHYSICIAN'S NAME (TYPE C	DR PRIDATE TO THE	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/30/82
TO HOSPITA retained by TO FUNER should be d with the Sto	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	JAME OF CEMETERY OR CREMATORY	EdiCAL).	EKKAÇFI OQ dal
40/BP		BURIAL UNERAL DIRECTOR FRANCI	4/2/82 MA S J. COLLINSADDRESS	RYLAND VETERANS	TREED BY REGISTRAN 256 REGISTR	ARS SIGNATURE

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		1-	STATE REGISTRAR							ERTIFICA		42 6	REG.	NO.	4	0	
			CEASED NAME	FIRST			MIDDLE			LAST		OF	E KNOWN	MONTH	DAY	YEAR	2b. HOUR
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	STR	3. SE	X	RACE	5. DATI	0.41	YEAR	6. AGE (IN Y			UNDER 24	IN: PRONO	UNCED	MONTH	DAY	YEAR	28 4 2H
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	S AFI SIVE TH F VISIC		No				076	-14-79	911	M. Ruth	n Wil:	son Tem	ple H	ills,	Md.		
	JB. OUR		18. CAUSE OF	DEATH (Enter	anly one co	use per line									AF BETV	PROXIMATE	INTERVAL I AND DEATH
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	PEN	ATIO	19a. DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPE	RATION	'AS PERFORMED	D?				20. A	UTOPSY?	
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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CIP OF UNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD		220. I certify death resulte ACTUAL SIGNATURE EXAMINER 5 N (TYPE OR PRIN	Aug	atural cause	X.	Accident		Svicide	Homicide TITLE (SPEC Depu	ify)	Inqui Undetermined _MEDICALEX,	monner	and in my a , DATE SIGN amp Sp	3/	11/1	
	53355E	23a.B	URIAL, CREMAT	ION, REMOVA	3/15					R CREMATORY Cemetery		23d LOCATION CITY OR TOWN Hemps t		COL	INTY		ATE
	BP	24 F	UNERAL DIRECT	OR	2/ 12					170		nemps t		GISTRAR'S		York	
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	eorge P.		Fune			on Hi			MAR	1 5 198	1/7	me g	dont		

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Larry target III

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o 276-11-7924 In. 2-2 of Land County Still I.

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CIPO COM HILL NO.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

notified at once.

injury, or other troumotic event, the medical examin

IMPORTANT: If them 21 is marked or them 18 shaws any

STATE OF MARYLAND

	1.	FOR - STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	o.	/ .	0 3	2
•		CEASED NAME FIRST	MIDDLE MIDDLE	WO	aD	20. DATE OF DEATH	монтн і	DAY YEAR	26. HOUR 7.20 P	
	3 SE	MALE	BLACK	5. DATE MONT	OF BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR		S
5		IRTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	/? 8 MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OF PRINCE		OF DEATH	E'S	AD.
4		HEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O			OF BUSINESS O	R
5	13a. S	STATE 13/ COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136 CITY OR TO GEORGE'S HYATTSU	WN	13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	ICHO	LSON ST		
0	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST UNICE	MIDDLE	ISE	1A	ST	
		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	CURITY NO.	17. INFORMANT	ADDRE	SS			
	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENT OF TO CONDITIONS CONTRIBUTING TO	UENCE OF	REMATUR	ity			hrs	
7	CERTIFICATION	190, DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20€ AUTOPSY?	IN CERTIF	, WERE FINDI		
1	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	211. LOCATION	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P.	ART 1 OR PART 2)		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TOW	/N	COUNTY	STATE	
		sow the deceased alive an obove, (1) (we) (did) (did no 27b. SIGNATURE David Ch	ti view the body ofter deoth.			medical Star				st
1	22		CHELLAPPH		PRINCE GI		SEN	Hosi	PITAL	
	230. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE	

BP.

OR ATTENDING PHYSICIAN: The low

DHMH - 16 60M 7/73 (VR A 15 (4))

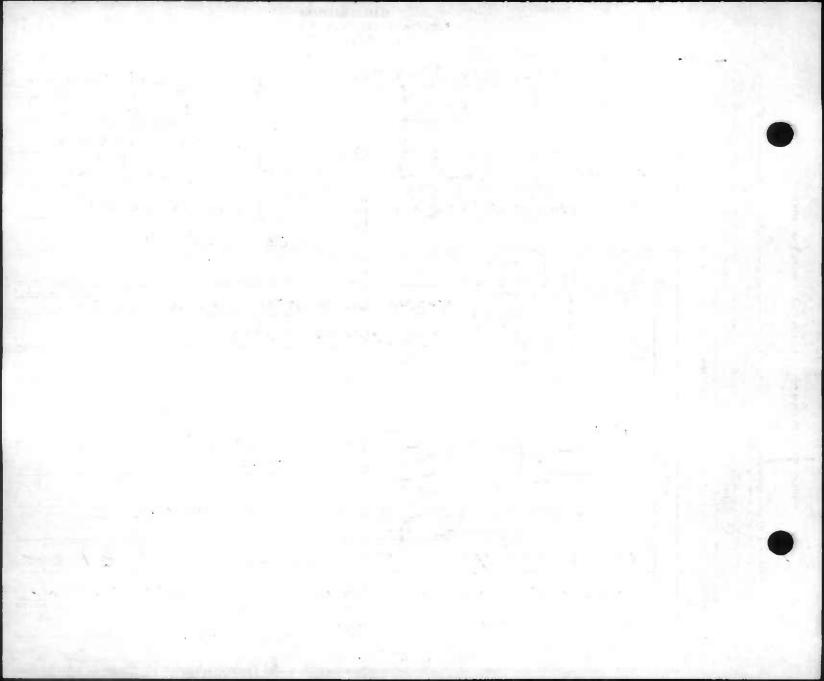
Cremation 4/7/82 PG Hospital

24. FUNERAL DIRECTOR NAME Raleigh Cline

Chever by, Maryland

ATORY 234 LOCATION CUNTY PG MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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A .E .U .SV , source.

Wash, Sub, San. Come P. March

Anderson.

Malter W. Wood.

217-07-0121 Marion M. Mood. (Mife) L3 c

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Burial. Mar. 15, 1982 Pt. Macola,

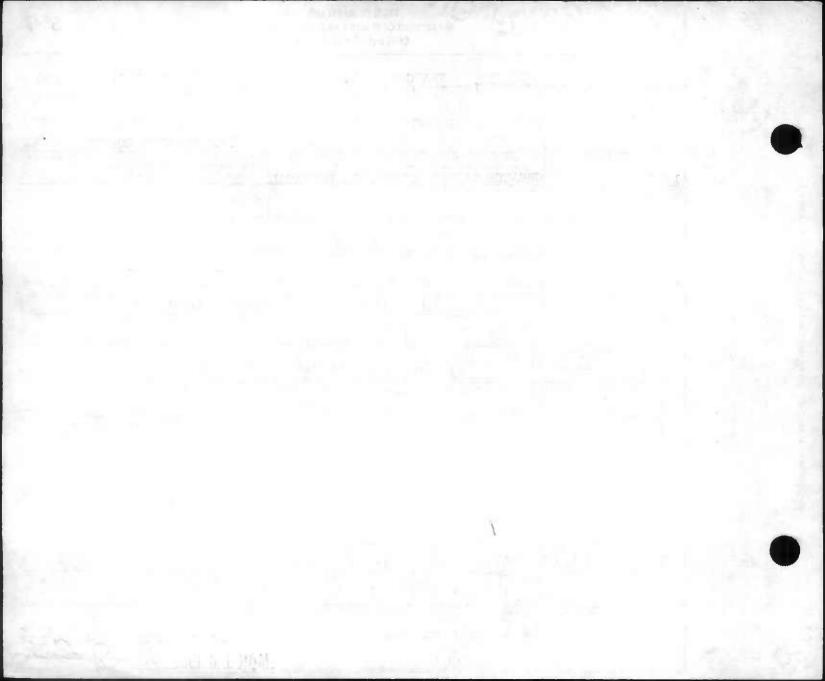
Takona Funeral Home.

- 1 F 1932 2 June

Bladensburg Nd. P. Cen.

C	5		1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI	REG. NO.	07	6 /
		7		CEASED NAME FIRST	WIDDLE		LAST	2ª DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
8	25		,,,,,	ONFRINT	WOODARD FRAN	ICES	Ε.	MARCH	07-1982	2:50 ₺
E	13	3.3	3 SEX		4 RACE	5 DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
& P	ince.			Female	Black	May		64 YF		NOOKS ME
1	la l	16	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
8	Ef pairing	19		Pennsylvania	USA	WIDOWI	DED DIVORCED	PRINCE GEORG		, , , , ,
urs afte	by the fed withing st be no	34		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET GREATER LAUREL I	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN FOOD Servi	G LIFE) INDUSTRY	of Business or
4 ho	d in de fill	27	USU/	AL RESIDENCE (IF HURSING HOME OF TATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
nin 2	y fille ould b	55			Bowie Bowie		YES NO		treet We	est
with	sh sh	,	14 FA	THER'S NAME	MIDDLE LAST	1915	15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAS	,
uted	nd 2	00		Neal Strothe			Marie Sca	ales	(43	
exec	d cor	7	16e V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRESS	0.407	37
e pe	Pages t, the	1	,	no		8 51	72 Emma Woo	odard-daught	A	
ficat	ysicia pers. oval.			18 CAUSE OF DEATH (Enter or	nly one cause per lipe for (a), (b), ap	dichi.			BETWEEN I	MATE INTERVAL ONSET AND DEATH
cert	n pa rem rem			PART I. DEATH WAS CAUSE	TE CAUSE 10 Hollanced	meta	ustatic Chol	angio carcioro	nu	
eath	andin arba n, or raum			1351	DUE TO, OR AS A CONSEQUE	ENCE OF	4 4401	es Paraders	150	
the	ove on matio			Conditions, if any, which	(6) Susper	m.	MINOT PROVE	vi ynown		
es that	d by the ase rem ial, cren y, or of			cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	MCE OF	gon severing	tumm		
w requir	en signe Then ple r to bur ny injur		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0 1
J: The la	permit.] giene prio	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDING CAUSES YES	
CIAN	Hygi m 18	0	CER	210 ACCIDENT WAS UNDERLYING		AV VEAD	21t HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
YSI	is certial-tra lental or Ite	1	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ALC:	19				
3 PH	er this	1	MEDIC	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC \	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIN	Afte s the th ar		2	AT WORK AT WORK		4	111	3 7	02	100
Or a	OR: Use a Heal Heal				ital) attended the deceased from	7	18 1982	- , to 0		that yi) (we) last
AT	for t			saw the deceased alive an above, (H (we) (did) (did no	at) view the body after death.	. 0		leath occurred an the date and		
L OH soh	ched for Dept. of			226 SIGNATURE	namaral		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
TA the	JNERAL d be detact the State of RTANT:			1100	Various	V	PHYSICIAN E	DIRECTOR PHYSICIAN	1 00	380
D HOSP tained b	TO FUNERA should be det with the State	1		220 PHYSICIAN'S NAME (TYPE O	anemala, M		14201 L	aurel fance	DU-Ca	une
F a	F-2 3 =		230 E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	_COUNTY ,	STATE .
BP.				Burial	March 12, 19	82	Fort Lincol	n Cemetery	Brentw	
DH	IMH-16 25N	1		INERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR 255. REC	SISTBAR'S SICHAT	un lastles
(VR	A 15, 4) 1/	79	S	tewart Funer	al Home 4001 1	Benni	ing Road N.	MAK 1 6 1982	Munu.	

CHARLOS MARYLAND



After this certificate has been signed by the attending physician and compilere as the burial-transit permit. Then please remove carbon papers. Pages Land 3 of the and Mental giene prior to burial, cremation, or removal.

	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
STATE	
REGISTRAR	CERTIFICATE OF DEATH

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		REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO		
1		CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE	OR PRINT!	JOSEPH	R	MP	IGHT			07 0	C 00	12:30 P
	3. SEX		4 RACE	- 1	5. DATE C			6 AGE (IN YEARS LAST		6-82	IF UNDER 24 HRS
1			White		MONTH				BRINDAI	MONTHS DAYS	HOURS MIN.
-	_	Male			Oct	. 25,	1941	40	YRS.		
d	7a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D X NEVER	MARRIED -	9 BALTIMORE CITY	_		
1		ew York	U.S.		WIDOWE	D D	VORCED [PRINCE	GEORG	E'S	MD.
	10 CI	TY OR TOWN OF DEATH	The second second		RSING HOME C		TITUTION	12a USUAL OCCUPA		126 KIND O	F BUSINESS OR
		LAUREL	GREATER	LAURE	L BELTS	VILLE H	OSPITAL	Salesma		Publ	isher
-	USUA 13a, 5	AL RESIDENCE (IF NURSING HIX AL OR	OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	2.6					
)		arvland P.(Laur		YES X	NO 🗆	13e STREET ADDRES	th St		
+		THER'S NAME		Daur	CI		S MAIDEN NAM		CII D	- •	
5		FIRST	MIDDLE	LAST			FIRST	MIDDLE		LAS'	der
4		John	I.	Wrig			nza	W.		Sny	der
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM			RESS		
		No.		058-3	4-7637	Eliz	abeth :	S. Wrigh	t sa	ame as	#13
ı		18 CAUSE OF DEATH (Enter on	ly ane cause per	line far (a), (b	and ici.					APPROXI BETWEEN C	MATE INTERVAL
1		PARTI. DEATH WAS CAUSE	D BY: *	THEDR	Loembo	lus ac	UTE AUI	Monary as	tery Tru	k	
		4151				/	11	1			
1		7/0/	DUE TO, O	R AS A CONSE	OUENCE OF						
Y		Canditians, if any, which gave rise to immediate	(b)								
	- 1	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSE	OUENCE OF					1 6	
			((c)								
	2	PART 2 OTHER SIGNIFICANT O	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION GI	VEN IN PART TO	1
4	CERTIFICATION										
V	\$	19a. DATE OF OPERATION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	RMED	20a. AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
	Ē							YES NO	Y	ES D	NO 🗆
7	2	210. ACCIDENT WAS UNDERLYING		F INJURY M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM 18.	PART I OR PART 2)	
	¥	OR CONTRIBUTING CAUSE OF DEA	AID .		19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATI					
1	ž	WHILE NOT WHILE	(AT HOME, STE	REET, FACTORY, OFF	ICE, FARM, ETC)	STREE		CITY OR	OWN	COUNTY	STATE
		22a.l certify that (I) (this haspi	a=1\ = ax== d= d= d= al.								
1		saw the deceased alive an		e deceased fro		al about in (mu)		, ta		, 19, (
		abave, (1) (we) (did) (did na	t) view the bady	after death.			(dur) apinian di	eath accurred an the	date and ha	ur and fram the e	causes stated
		22b. SIGNATURE	111	10		DEGREE	ATTENDING	HEDICAL ST	4.5.5	22c. DATE	SIGNED
		Davy 4- Stee	wolder US	/ Pathel	paist-16	6H) "	PHYSICIAN [MEDICAL ST DIRECTOR PHYS	ICIAN 🛛	3/27/	12
H	5	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	(0	The ADDRES	5			, ,	Line City
Ш		Barry M. Sh	mookles								
T	23a. BI	URIAL, CREMATION, REMOVAL			3E NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
7	10	Burial	3/29	4 -				CITY OR TOWN	- D	COUNTY	STATE
1					114. 114	L al	250 DATE	rk Laure	RISS PEGIS	TRAP'S SIGNATI	Md.
	FL	NERAL DIRECTOR EGN: LAUREL F	UNERAL	HOME	INC.		MA	R 29 1992	1	A SIGNATI	11-
1	76	01 Sandy Spi	ing R	Lau	rel Md	. 207	07	1302	Misse	- March	2600
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DHMH - 16 50M 1/81 (VRA 15, 4)

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		with		pletel	nd 2 s	
		executed		and cam	ages 1 o	1
		e pe		cian	ers. P.	
		R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 mag		ing physi	ed far use as the burial-transit permit. Then please remave corbonpapers. Pages 1 and 2 shauld be filed within 72 himm attend	rremava
		deoth		ottend	ave co	ofian, o
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FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

FIRST

STATE OF MARYLAND

DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1	J.	Ó	9
DLE	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	JR .
ICH	WRIGHT	March 31,198	32		1:	00P
	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	April 2, 1879	102 YRS.	MONTHS	DAYS	HOURS	MIN
IAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	WIDOWED X DIVORCED	Prince Georg	es			MD

JULIA MAR 3. SEX 4. RACE Female Black To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WE South Carolina USA 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington 12115 Old Fort Road Seamtress Private USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 12115 Old Fort Road P.G. Ft. Wash. NOX Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Abraham Dickerson Middleton Julia ADDRESS 12115 Old FortRd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Zelma Mansfield Ft. Washington, Md. No N/A 105-16-1893A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fqr (a), (b), and (c).) PART I. DEATH WAS CAUSED BY STOMAC IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION SILANE 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 71a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220-1 certify that (1) (1 Hal) attended the deceased from saw the deceased olive on apinian death accurred on the date and have and from the causes stated (did nat) view the bady ofter death

ATTENDING PHYSICIAN

Frank M. Ryan M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

AME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY COUNTY

> Washingoth P.G. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Thornton's Funeral Home

Burial

Pomonkey, Md.

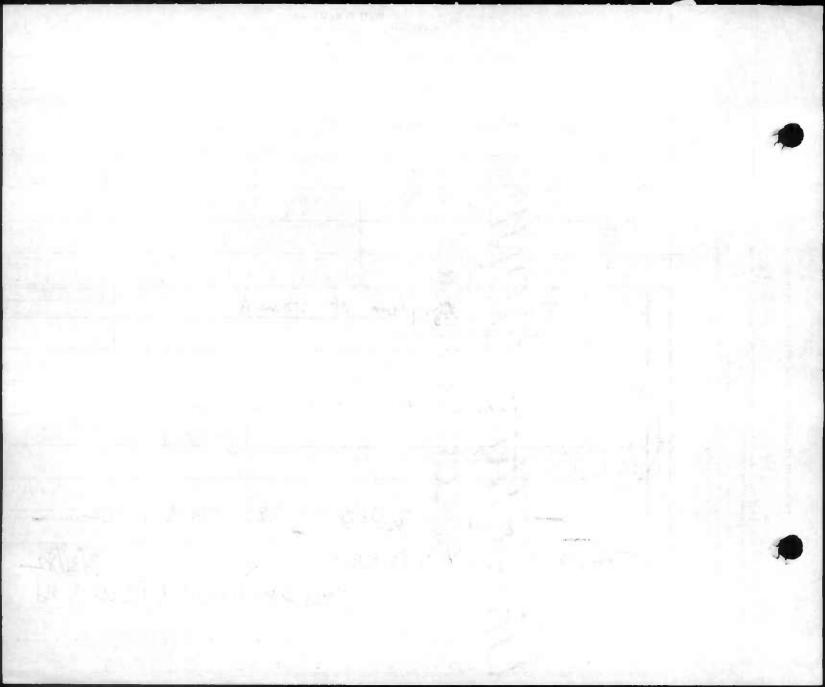
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DHMH-16 60M 1/73

(VR A 15 (4))

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TO FUNERAL DIRECT should be detoched fi



BP.

DHMH-17

(VR A15 ME (5)) 15M 2/80

	1 - 3	FOR STATE REGISTRAR			STATE OF DEPARTMENT OF HEALT DICAL EXAMINER'S		W 60	0 7	370			
		CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAST	20. DATE KNOWN D	MONTH DA	YEAR 26 HOUR			
			STANLE	- CON -0		ORK	DEATH MATED	- 3 30	1982 M			
	3. SEX		4.RACE Caucasiar	5. DATE OF BIRTH		JNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRODUNCED	3 30	YEAR 10:32			
8	70. BIF	RTHPLACE (ST REIGN COUNTRY)	ATE OR	U.S.A.	MAI	RRIED NEVER MARRI	T)		F DEATH MD.			
4		neverly			PITAL, NURSING HOME, OR O LILITY, GIVE STREET ADDRESS) Leorges Genera		120. HSUALOCCUPATION (TYPE PORMOST OF WORKING LIFE) Railroad Engil		KIND OF BUSINESS OR INDUSTRY ailroad			
6	13a. ST		13b COUN	ROTHER INSTITUTION, GIVEN	re residence before admission) 13c CITY OR TOWN Seabrook	13d. INSIDE CITY LIMITS? YES NO	6111 Seabrook					
00	14. FA	THER'S NAME FIRST	Ring	WIDDLE	řork LAST	15. MOTHER'S MAIDE Della	N NAME MIDDLE	H _{ami}	last 1ton			
1	16a. W	VAS DECEASED S NO. OR UNKNO LOS	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 006-07-4276	Betty L. Y	ADDRESS York Same as #	S				
10	ATION	Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) diabetes mellitus 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?										
2	CERTIFICATION		L CAUSEWAS	21b. TIME OF	INJURY MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	YES NO 🛚			
J	MEDICAL	21d. INJURY C	G CAUSE OF	P.M.	. 19	OCATION STREET	CITY OR TOWN	COUNTY	STATE			
2		22a 1 certif death results ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	August	ol couses .	ribed obove, held on Auto Accident . Suicide . riguez, M.D.	hopsy , Inspection , Homicide , TITLE (SPECIFY) M.D. Deputy ADDRES 5009 Ra	Undetermined monner MEDICAL EXAMINER Ayburn Ct., Cam		/31/1982			
	230.BU	JRIAL, CREMAT	ION, REMOVAL 2	4/26/82	23c. NAME OF CEMETERY Riverside C	OR CREMATORY	23d LOCATION CITY OR TOWN Yarmouth	COUNTY	STATE			
	性性 H	yattsvi	asch's S	ons Funer	al Home, P.A.			STRAR'S SIGN				

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO

	RST	MIDDLE	· ·	AST	28. DATE OF DEATH	MONTH	DAY YEAR	2h H	OUR
(TYPE OR PRINT) LOI	S	T.	YOU	JNG		MAR	14 198	2 1:	15p M
3 SEX	4 RACE		DATE C	OF BIRTH	4. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YE		DER 24 HRS
FEMALE	CAU	7 2 3	NOV	22 DAY 1925 AR	56	YRS	MONTHS DA	YS HOU	5 MIN
To BIRTHPLACE (STATE OR FORE)	GN 76. CITIZEN O	F WHAT COUNTRY?	A A BRUS	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	Y OF DEATH		7
PENNSYLVANIA	USA		WIDOWE	D DNORCED	PRINCE GEO				MD
10 CITY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STREET AD	ORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF MOST		LIFE) INDUST	RY	INESS OR
ANDREWS AFB				DICAL CENTER	NURSE		MED	ICAL	
	COUNTY RINCE GEOF	13c. CITY OR TOWN	DMISSION)		13. STREET ADDRESS 5150 ED PR		D		
14 FATHER'S NAME				15 MOTHER'S MAIDEN NAM					
ALBERT	MIDDLE .	TURNER		IDA	MIDDLE	1.	PA	RKER	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECURI	TY NO	17 INFORMANT	ADDI	RESS			
YES	1950-1953	2 00-16-1	819	ELBERT D. YOU	NG JR. 515	0 ED	PROUT	RD	
II CAUSE OF DEATH	Enter only one cause p	er line far (a), (b), and i	C1.1				APPI BETWE	OXIMATE III	TERVAL ND DEATH
PART I. DEATH WAS	CAUSED BY. MEDIATE CAUSE (a)_	Pericordinl		tusion PERIC	ARDTAL EFF	USTON		leterm	_2_
gave rise to immed	I DOL TO, OKAS A CONSCIONAL OF								
	CANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CO	NDITION G	IVEN IN PART	1(0)	
190 DATE OF OPERATIO	N 196 CON	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	20e AUTOPSY?		ES, WERE FIN		
E L			TIV.		YES NO		YES 🗌	NC	
OR CONTRIBUTION TO CALL	SE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 11	B, PART 1 OR PART	2)	
GREITHER, NOTIFY MEDICAL E 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT MOME	E OF INJURY STREET, FACTORY, OFFICE, FAR		21f LOCATION STREET	CITY OR TO	,	COUNTY		STATE
220 I certify that (I) (the saw the deceased above. (I) (we) (did	3647	14 19 8	2	nd that in (my) (our) opinion d	, toMAR 1		19 82 our and from) (we) lost stated
226. SIGNATURE	Morhla			DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN D	14	MPY	27
220. PHYSICIAN'S NAM		SUCEY			M GROW USA		ICAL C	ENTE	2
						0331			
230 BURIAL, CREMATION, REALISTICS (SPECIFY)	WOVAL 23b. DATE		MEOFO	EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	ANG	COUNTY	n	MD.

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, should be detached for use as the burial-transit permit. Then please remove carbon pa with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

24 FUNERAL DIRECTOR
NAME
RAR CREMATION SERVICES 3520 CONN. AVE. NW. D. C.

250. DANNER D. BY REGISTRAP 25h. REGISTRAPS SUCHMETIRE

P181-31-03 C

ELL - IN TEMARASA COAR IN 11 SAGE TOTALL CALL MA

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	E=87	
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	AAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N RITHE(ART, WRITHOR THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FULL OF DE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 RECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED.	VITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF VITAL RECORDS, 201 W
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	AND HE	L
	3 = 8 2	H
	SKOK	-

•			FOR STATE			DEPARTMENT C		MARYLAI H AND M		YGIENE	2	0	7	9	7 2
-			REGISTRAR		M	EDICAL EXAM	INER'S	CERTIFI	CATE O	F DEAT	Ή	REG. NO.			
CHAR!	TE		CEASED NAME	FIRST		MIDDLE		LAST		20	DATE KNO		MONTH	DAY	YEAR 26. HOU
W-1221				ROBERT		HENRY	YOUNG	BLOOD			DEATH MA	TED TED	3	5 19	982
3600		3. SE)		4 RACE	5. DATE OF BIRTH			NDER 1 YR.	IF UNDER	24 HRS. 20	DATE		MONTH	DAY	YEAR 24 HOU
N S S S S S S S S S S S S S S S S S S S		Ma	le	Cauc	May 3,	1913 68	YRS.	THS DAYS	HOURS	MIN.	DEAD		3	5 1	9 82 0:25
SE PANE	71	7a BI	RTHPLACE (ST	ATE OR		VHAT COUNTRY?	8. MAR	RIED NE	VER MARRI	ED 7.	BALTIMORE	CITY OR	COUNT	Y OF DE	ATH a.
IS NECE FE FUNE FE 5 FOI ED, WIT	1			rginia	U. S	. A.	WIDO	WED X	DIVORCI	ED 🗆	Prin	ce G	eor	ge s	3 M
SER HE	30	1B. CI	TY OR TOWN	OF DEATH		SPITAL, NURSING HO		HER INSTITU	ITION	12a. USUA	L OCCUPATION	ON (TYPE O		12b KIND OR II	OF BUSINESS
PA PA	10		per Man		14711 Mt					Car	pente:	r		Home	Bldng
IF ANY DELAY IS NECESARY, AND 3 TO THE FUNERAL DIR. S. RETAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 I. RECORDS, 201 W. PRESTON	35	13a. S	larylar	nd Pr.G	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADM	ission) V	13d INSIDE (NOX	13e STREE	TADDRESS	Cal	ver	t Re	ad
A N	-	=	THER'S NAME			War I bor	-0-	15. MOTH	ER'S MAIDE				. 01		
DEATH SES 1, A PM	00		FIRST	UNKNOW	MIDDLE	LAST			FIRST	IINK	NOWN			EAS	ř
		16a. V	VAS DECEASEL	DEVER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17 INFOR	MANT	OHIL	7/17	DRESSM	t.C	a] w	ert Rd.
JRS AFTER B. GIVE PA WITH FOR I. PAGES I DIVISION		Ü	nknow	n -	-			Mr.N	Mark	Bade	n-Upp	er M	arl	boro	Md.
			18 CAUSE O PART I DE			ne far (a), (b), ond (c).)								BETWEE	EN ONSET AND DEATH
TED WITHIN 24 HOW N PENCIL IN ITEM 11 XAMINER ALONG AL-TRANSIT PERMIT MENIAL HYGIENE,	\A		1140	IMMEDIAT		rterioscle		cardi	ovasci	ular	diseas	e		-	
WITHIN 24 F FNCIL IN ITEN MINER ALON TRANSIT PER	TWC		Condition	ns, if any, which	DOE 10, C	K AS A CONSEQUENT	LE OF							172	
TRAIN TAIN	X			se to immediate stating the under-	(b)	R AS A CONSEQUENC								+	
D=W ZO	0		lying cou	se lost.	(c)			-6-7							
ATE SHOULD BE EXECU E WORD "PENDING" II THE CHIEF MEDICA" II ILD BE USED AS A BUR! WENT OF HEALTH AND	KEWA	NO	PART 2 OTNER SH	GNIFICANT CONDITIONS	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITIO	IN GIVEN IN PAR	RT 1 (a).					
RD "PEI NUSED A OF HEA	1	CERTIFICATION	190. DATE OF	OPERATION	196 COND	ITION FOR WHICH OF	PERATION	VAS PERFOR	RMED?					2D AU	TOPSY?
SHOUL CHIEF E USED	S Z	TIER												YE!	s D NO X
THE WORD "FOUT THE WORD "FOUT THE CHIEF OULD BE USED RIMENT OF HI	33	AL CER	UNDERLYING	CAUSE WAS OR OG CAUSE OF D		M. MONTH DAY Y	EAR 21c. H	OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY IF	N ITEM 18 PAR	RT 1 OR PAR	T 2)	
EQPI4:	N N	MEDICAL	21d INTITIPY C	CCLIPRED	21e PLACE	OF INJURY (AT HOME	. 21f LC	CATION							
WRIT WRIT ARDI AGE	2	W	WHILE AT WORK	NOT WHILE C	STREET, FA	CTORY, FARM, ETC.)		STREET		(CITY OR TOWN		COU	INTY	STATE
A TES	à l		220. I certif	fy that I taak charg	e of the remains d	escribed above, held or	n Auta	osy .	Inspection	X,	Inquiry X	, and	in my op	inian	
BE THE	5		death resulte	ed from: Notur	al couses X,	Accident .	Suicide _	Homi	cide .	Undeter	mined monner				
CERT UID E	XXX		ACTUAL	Aug	16 V	2	/		SPECIFY)				5.475	2/5	12000
AH SHE	T.		SIGNATURE_	1 Julyo	110 1	prayer	Y	A.D. De	puty	MEDIC	AL EXAMINE	R	DATE	3/5/	1982
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST	OW /	_	EXAMINER'S (TYPE OR PRIN	NAME Augu	sto Rodr	iguez, M.D	. 0	ADDRESS 5	009 R	aybur	n Ct.,	Camp	Spr	cings	s, Md.
5745A	n n			TION, REMOVAL 2	Bb. DATE	23c. NAME OF	CEMETERY	DE CREMATO	OPV		ation town uitla				
BP		E	urial	-	3/8/82	Washir	ngton	Nat	1 Ce						
DHMH - 17 (VR A15 ME (5))	Ri	ineral direction of the control of t	A. Cole	eman ADDRE	Washir pper Mar. Maryland	2077	2	250. DATER	AR T	EGISTRAR 25	Sb. REGIST	RAR'S ST	GNATUR	Harun
15M 2/80	- 1			01110											

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

	REGISTRAR				CERTIF	CATE OF DEATH	F	REG. NO.			
	ECEASED NAME	FIRST	M	IDDLE	U	AST	20. DATE OF DE		DAY YEAR	25 HOU	IR
	CORPRINT)	Lois		4.	Zucker		March 11,1982			5:30p M	
3. S	EX	. 4	RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER	
	Female	300	White		Marc	h 23, 1889	92	YRS	MONTHS DAYS	HOURS	MIN
	BIRTHPLACE (STATE	OR FOREIGN 71		VHAT COUNTRY?	8		9 BALTIMORE	CITY OR COUN		1	
	COUNTRY)		TYm d A = 3	C+-+-		NEVER MARRIED	Daring	a Cooma	**		445
10.0	Colorado		United States WIDOWED DIVORCED					Ce George	12b KIND C	OF BUSINE	MD.
		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTRY		
1000	Hyattsvi					τ	Ret.Teac	ener-Uni	versity	OI M	a.
130	STATE	13P COUNT	Υ	GIVE RESIDENCE BEFORE .		13d. INSIDE CITY LIMITS?	13e STREET ADD	ORESS	Street		
_	aryland	Princ	e Geor	ge Hyatts	ATTTE			oneridan	bureet		
14.7	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA		IDDLE	DeVo	51	
	John		H.	Miles		Alma	J.		De (O)	re	
160	WAS DECEASED E	VER IN U.S. ARM		166 SOCIAL SECUR		17. INFORMANT		ADDRESS	11 - 6		
2	No 579-18-6310A Ruth Miller-Friend Same as # 13										
3	IL CAUSE OF D	EATH (Enter only	one couse per	line for (a), (b), and	(1.1)	, , , , ,		,	APPROX BETWEEN	MATE INTER	DEATH
2	PART I. DEAT	PART I. DEATH WAS CAUSED BY: Car diorespiratory avest-									
3	11/2011	We die to, or as a consequence of the dietal									
	Conditions, if	dny, which	(th)	AS A CONSCOUE	e	more al	al p	brilla	lione		
1	gave rise to	immediate) Interval	AC A CONSECUE	ICE OF	A -	, ,0	r 1			
1		ouse lost.	DUE TO, OR	AS A CONSEQUEN	ACE OF	Organie &	rain .	myn chro	may,		
	PART 2. OTHER	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION C	GIVEN IN PART 10	01	
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT FELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1101										
CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED										
IN SE								CAUSES OF DEATH?			
ERT	21a. ACCIDENT WA	S UNDERLYING	71b. TIME OF	INJURY		21c HOW INJURY OCCURE				NO [
31	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.A	A. MONTH DAY		The state of the s	Jemen majore	C VORT HT I/CM T	v,		
MEDICAL	(IF EITHER, NOTIFY A		P.A	*	19	AN LOCATION					
AE C	21d. INJURY OCC	OT WHILE [7]	21e. PLACE C	DF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CIT	Y OR TOWN	COUNTY	ST	ATE
2	AT WORK	AT WORK			/						
T T	,	ot (I) (this hospito	2/11		3/	10 19 8	2 to 3/	11/	1982	that (I) fadt	we) lost
7	sow the decobove, (1) (v	ceosed alive an ve) (new the body	ofter death. die	ret on	d that in (my) (our) opinion	deoth occurred o	n the dote and h	our and from the	couses sto	oted
	226. SIGNATURE	011		600		DEGREE			22c. DATE	SIGNED	
2		XIAN	2	111/-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN D	Marc	h 12,	1982
		STIAME (TYPE OR F		-10	10	22e, ADDRESS	,		Que cool.	1 in	2

230. BURIAL, CREMAT (SPECIFY) Cremation

Mar.12,1982 J. Wm. Tee's Sons Co. 300-4th St., NE, Wash., DC20002

Lee's Crematery

13d. LOCATION
CITY OR TOWN
Washington, D.C.

DHMH-16 60M 1/73 (VRA 15(4))

TO FUNERAL DIRECTOR: After this centificate has been signed by the offending physicial handled for use as the burial-transit permit. Then please remove carbon papers

should be detached for use as the burial-transit permit.

with the State Dept. of Health and Mental Hygiene pria

MPORTANT: If Item 21 is morked or them 18 sho

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. injury, or other troumotic event, th

ne prior to buriol, cremotion,

Told Taken 13 July 1995

This is a state of the state of

telemina valenda distant

API To yz misy bu-madonell, tell terit medined8-F144 allivation

Newstand Prince George Rectoville a MRS- her lar Sinet

Milen vice J. John

77-19-13174 Puth Pillon-Selend Tonn of 15

ti. II, rodin icas Constitut for 12,1982 Lee's Cremtery